



ABORTION FACTS

If you are pregnant, you may feel afraid or confused. These feelings are normal for most women with an unintended pregnancy. This handout explains some of the facts about abortion.

Be Sure You Are Pregnant

First, you need to be sure you are pregnant. Get a pregnancy test if your period is late and you have recently engaged in sexual intercourse. Other early pregnancy signs are breast soreness, frequent urination, or nausea. Some women may spot or have a very light flow in the first months of pregnancy, so even if it seems that you have had a period, you may want to be tested. A health care provider can confirm the stage of pregnancy.

When Is It the Best Time?

The easiest and safest abortions are done during the first 3 months. Most abortions before the 12th week are done in a clinic and take about 5 minutes for the surgery, but the visit is for 3 to 4 hours. Abortions done in the second trimester (12 to 24 weeks) require a more complicated and expensive procedure. Several visits to the clinic or an overnight stay in a nearby hospital may be necessary. Abortions are very rarely performed after the fifth month, and are only done for serious medical reasons. These abortions require hospitalization.

Surgical Abortion Procedures

Before 6 Weeks

Surgical abortions before 6 weeks are rarely done because the pregnancy is so small it can be missed and the uterus is difficult to open for the surgery.

6 to 12 Weeks

For abortions from 6 to 12 weeks, a procedure called vacuum aspiration is done.

After a pelvic exam, the doctor will numb your cervix. Another instrument will be used to hold your cervix. Your cervix will then be slowly opened with a series of small rods, each one getting bigger. The biggest rod is about the size of a pencil. Some women feel cramping during this, but it only last a few minutes. A small tube is placed into the uterus and the pregnancy is removed by a small vacuum type machine attached to the tube. This takes about 2 minutes. At first, you may have more cramping, but this will go away in about 20 to 30 minutes. The abortion is done now, and you will rest for about 15 to 30 minutes in the clinic.

12 to 22 Weeks: Dilation and Evacuation (D&E)

When a pregnancy has been continued past the first trimester, a different method of abortion is used. This method is called dilation and evacuation, or D&E. D&E is more complicated than early abortion, so the risks are slightly higher. It is important that the doctor know how far along the pregnancy is, so a pelvic exam will be done. Often an ultrasound test is done to tell the exact length of pregnancy.

Ultrasound involves sending sound waves through the skin to determine the size of the uterus. This procedure is completely painless and harmless, but very accurate.

Your cervix is then opened with laminaria. This is a spongy material that slowly swells in the cervix. The laminaria are usually left in overnight and removed the next day by the doctor. Then, the pregnancy is removed by a small suction machine and sometimes forceps. Your uterus is checked with a spoon-shaped instrument to be sure the abortion is complete. When the abortion is done you will rest in the clinic for 30 to 60 minutes.

Past 5 Months

Rarely are abortions performed past five months. If they are done, it is usually for serious medical reasons and the mother may be in danger. The procedure for a late abortion can use medications to make the uterus contract and labor to expel the fetus out of the vagina. This method takes 1 to 3 days, require hospitalization, and has a higher risk of complications than an earlier abortion.

Medical Abortion

If your pregnancy is before 9 weeks you may be able to get the abortion pill or injection to induce a miscarriage. You may be given pills to take by mouth or in your vagina to produce uterine contractions. These medications cause you to have a miscarriage and you often have cramping and bleeding usually heavier than a period, to expel the pregnancy. You will still need 2 to 3 visits to the clinic and 1 in 10 women may still need a surgical procedure to complete the abortion. These medications can cause birth defects so it is very important to finish the abortion.

Follow-Up Care

To recover as quickly as possible, follow these aftercare instructions. Call a doctor if you have a fever, increasing pain, or unusual bleeding. Take your medication if the doctor prescribes any. Use pads instead of tampons for vaginal bleeding. Do not have vaginal intercourse until the bleeding stops (about two weeks). Use an effective method of birth control. You may begin your hormonal birth control method (pill, shot, or IUD) on the day of the abortion. Return for your check up two to three weeks later.

Possible Risks

Abortion before 12 weeks is safer than a shot of penicillin or delivery of a baby. But like any other surgery, abortion has some possible risks. These risks increase as you wait longer to get an abortion. Sometimes problems happen during the abortion such as tearing the cervical opening (requiring a few stitches) or poking through the uterus (very rare).

Sometimes problems arise after the abortion. Excessive bleeding, upset stomach, and cramping may occur. These symptoms usually disappear before you leave the clinic. Antibiotics are used to control any infections after the abortion. Problems are usually rare and most women do not report having any at all. Call the doctor or clinic if any problems occur.

Where Do You Get an Abortion?

Your health care provider can give you the names of several qualified doctors in the area.

ACNE

WHAT IS ACNE?

Acne, or pimples, starts with blockage of the skin glands with a thick secretion called sebum. This forms a whitehead. If it gets exposed to the air, then sebum turns dark, forming a blackhead. If skin bacteria, for example, *Corynebacterium acnes*, feed on the sebum it will cause redness and inflammation.

WHY DOES ACNE OCCUR?

Acne occurs in most people during the teens. Sometimes it clears up by the time we are in our 20's, but it may persist for years. In some women, it gets worse before menses. Diet doesn't seem to make much difference but if certain foods cause a flare-up, it is best to avoid them. Oily soaps and cosmetics may make acne worse. Avoid picking at or rubbing your face. Use an unscented mild soap, or just warm water and a wash cloth once to twice a day. Avoid lotions and creams. If you must use make-up, use only water based cosmetics and always remove them before sleep.

WHAT CAN BE DONE ABOUT ACNE?

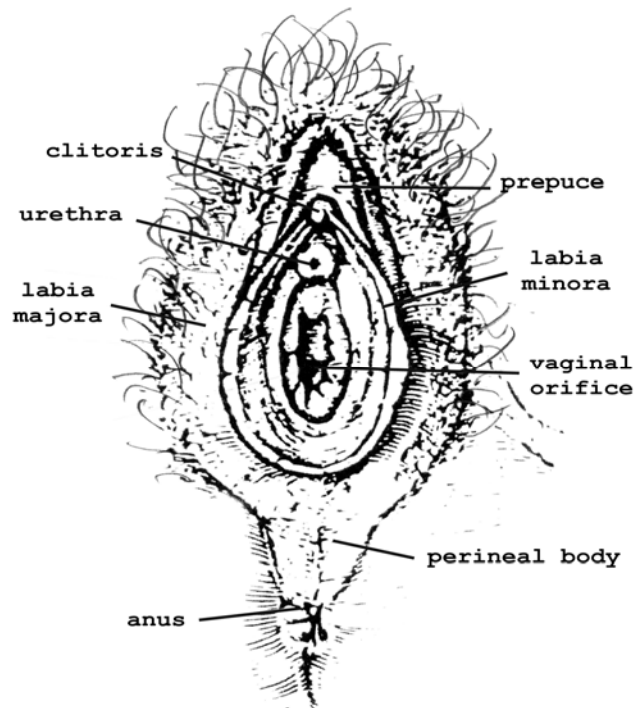
Benzoyl Peroxide Gel 5% is available without a prescription and can be helpful in treatment of acne. Apply it every night at bedtime after scrubbing with soap and water. If there is no irritation, it may be used 2 or 3 times daily. Your skin will probably look worse for awhile after you start using it. This is because many pimples have started weeks before they are visible and the medication peels off the surface and makes the pimples mature. Expect your face to get a little red at first. If it becomes very irritated, use the gel less often for a while. If the pimples are severe, medication such as Retin A, a vitamin A preparation applied to the skin or antibiotics may be prescribed by your provider.

If you are able to take birth control pills these can reduce the hormones that promote skin oils and acne. All birth control pills can reduce acne. Probably the best pills are monophasic meaning each pill is the same color, so every day you get the same dose of hormones. Pills with a higher estrogen dose and a lower and weaker progestin could also be tried. Any pill brand should be used for 3 months before switching to a new one. Changing your birth control method or going on and off the pill can make acne worse because then your hormone levels are going up and down.

Female Anatomy

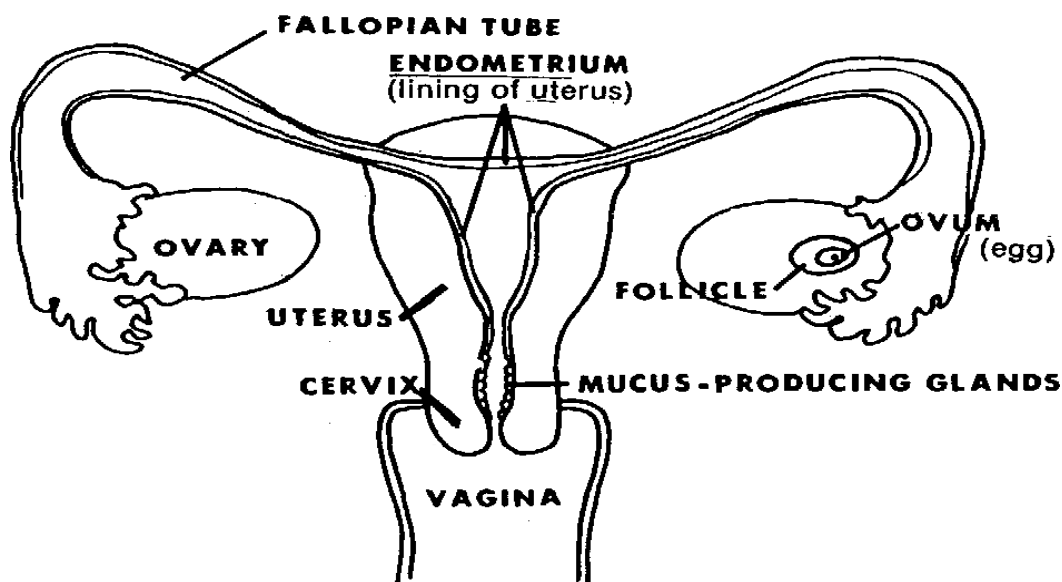
Vulva:

The vulva is the outside of a woman's genitals and reproductive system. It includes the labia majora where hair grows, the labia minora tissue or lips, and the vaginal opening called the introitus. The urethra is the opening to the bladder for urine passage. The clitoris, similar to the male penis, is very sensitive and gets firmer and larger with arousal and is important for sexual pleasure. Notice the anus is close to a woman's vulva and it is important to avoid touching the anus and then touching the vulva or vagina to prevent irritation.

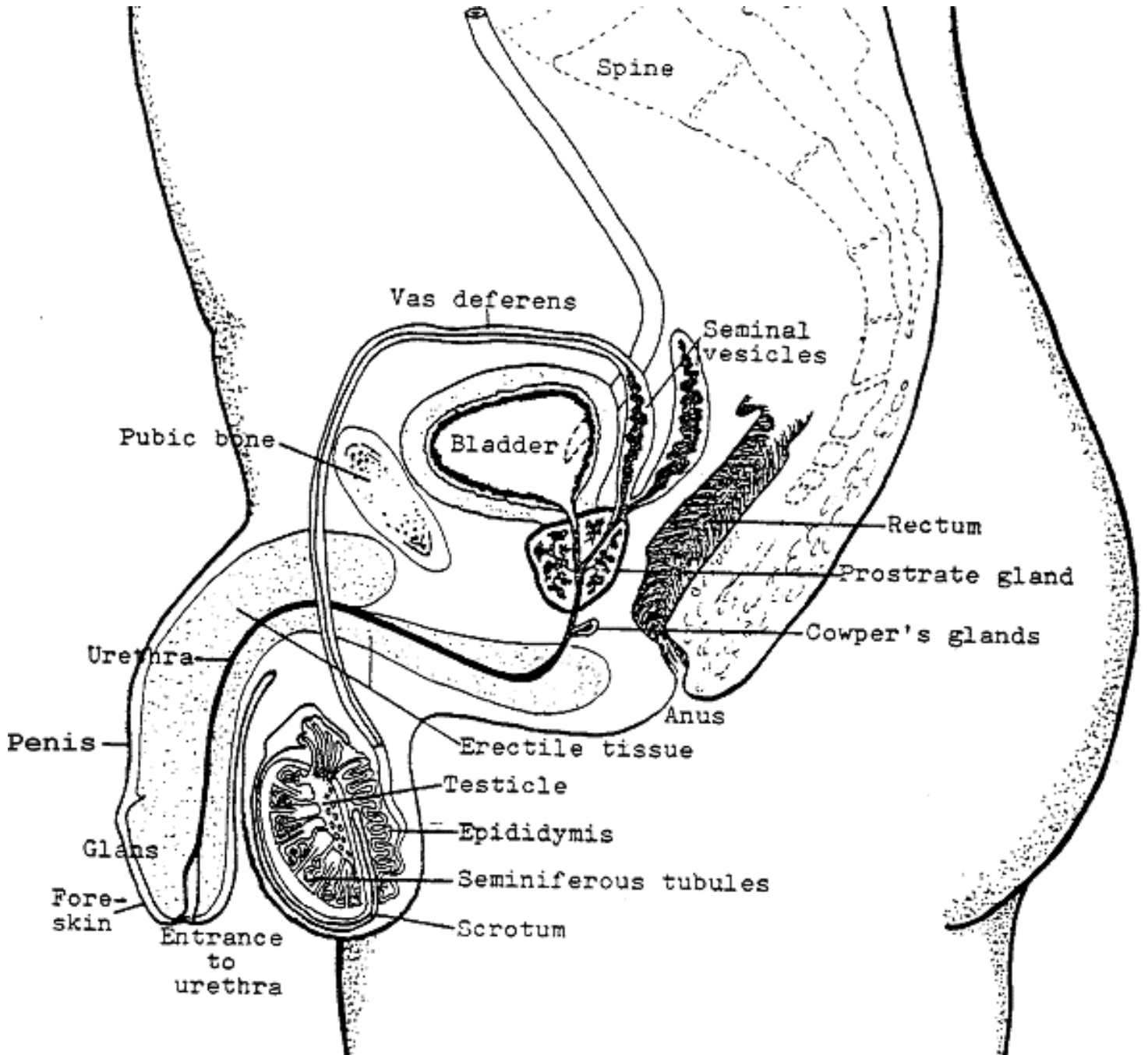


These are the parts of a woman's body that enable her to become pregnant and carry a baby.

- **Vagina:** tube leading from the uterus to the outside of the body. Allows for the passage of blood, or a baby during childbirth, and receives the penis during sexual intercourse.
- **Uterus or "womb":** pear-shaped muscular organ, normally about the size of a fist, where the fetus develops when a woman is pregnant.
- **Cervix:** bottom part of the uterus, which can expand to allow for the passage of a baby during childbirth. Inside the cervix there are glands that produce mucus that changes in response to hormones during the woman's menstrual cycle.
- **Ovaries:** two almond-shaped organs, which lie on each side of the uterus. These are the female sex organs which produce hormones that control the menstrual cycle, and also release the egg, or ovum. The release of the egg is called ovulation.
- **Fallopian tubes:** delicate tubes, which pick up the egg when the woman ovulates. If a woman becomes pregnant, the egg meets with the sperm (or is fertilized) in the outer part of the tube. The fertilized egg will travel through the tube into the uterus, where it will burrow into the lining of the uterus for nourishment for the next nine months.



Male Anatomy



Antibiotic Use and Hormonal Contraceptives

Antibiotics known to cause birth control pill failure:

- Rifampin
- Griseofulvin

Antibiotics with a very small possibility of birth control pill failure and pregnancy:

- | | | | |
|-----------------|----------------|----------------|---------------|
| • Ampicillin | • Amoxicillin | • Itraconazole | • Doxycycline |
| • Metronidazole | • Tetracycline | • Ketoconazole | • Fluconazole |

Antibiotics with an even smaller possibility of failure:

- | | | | |
|-----------------|----------------|----------------|-------------|
| • Ciprofloxacin | • Trimethoprim | • Isoniazid | • Ofloxacin |
| • Clindamycin | • Cephalexin | • Erythromycin | |

Oral contraceptives have a failure rate of less than 1% a year in healthy women who take their pills every day within 2 to 4 hours of the same time every day. Typical users of birth control pills do occasionally miss a pill or take a pill late so usually 5% of pill users get pregnant every year. Over 10 million women in America take birth control pills and millions of women take antibiotics so it is not surprising a woman may become pregnant while on the pill when taking an antibiotic. The risk is increased with high doses or multiple antibiotics taken. Daily low dose antibiotics to prevent acne has been proven to be safe for most women on the birth control pill. The contraceptive patch and vaginal ring do not rely on the intestines for absorption and may have less of an effect on the liver, which is the organ that changes drugs so they can be gotten rid of by your body. But these are also very new methods and we do not yet know if they are not changed by antibiotic use for all women. It is known that most of the time the use of antibiotics will not make a hormonal method like the pill fail (get pregnant) for most women but there are rare women who can be affected by the use of antibiotics and perhaps by following the below advise we can help prevent method failure (*Obstet Gynecol* 2001; 98: 853-60).

SOME ADVICE FOR WOMEN TAKING BIRTH CONTROL PILLS AND ANTIBIOTICS:

1. If you are really worried about a pregnancy use a back up method (no sex or condoms for example) while taking the antibiotics and for 7 days after stopping the antibiotics.
2. If you get diarrhea or have spotting, then you may not have absorbed as much of the birth control pill hormones and you should use a back up method.
3. No matter what, TAKE your birth control pills every day on time, which means within 2 to 4 hours of the same time every day! Missing or taking a pill late will make the birth control pill hormones less and will increase your risk of getting pregnant.
4. Remember birth control pills are not perfect and even women not taking antibiotics can get pregnant on birth control pills.
5. If you are going to take antibiotics every day for more than 2 weeks you should consider a different birth control method unless your provider said it is okay.



BACTERIAL VAGINOSIS

WHAT IS BACTERIAL VAGINOSIS?

Bacterial vaginosis is a common vaginal infection in women. It is normal and healthy for certain bacteria to grow in a woman's vagina. Bacterial vaginosis is an overgrowth of some of these bacteria. It is not a bacteria spread by sex, but sex can increase the chances of getting an imbalance in the vaginal pH (acid-base) and this can make the bacterial overgrowth happen. Treating your sexual partner does not prevent bacterial vaginosis. Bacterial vaginosis may increase the risk of pelvic infection and could increase the chance of premature delivery of babies.

SYMPTOMS

Women may complain of too much discharge or have a gray-white discharge from the inside of the vagina, which can smell like fish. There is usually no itching or burning around the vagina. Men do not get bacterial vaginosis and do not get symptoms from being with women who have bacterial vaginosis.

DIAGNOSIS AND TREATMENT

Your health care provider can tell if you have an infection by examining a sample of the discharge. If you have bacterial vaginosis, you will be given some pills, usually metronidazole (Flagyl). It is best to take metronidazole with food. Do not drink alcoholic beverages while taking this medicine and for 1 day after you finish the last pill. The combination of alcohol and metronidazole may make you vomit. If the pills seem to cause a problem or make you sick, call the clinic. If the infection is not gone after you finish the medicine, call the clinic.

PREVENTION OF BACTERIAL VAGINOSIS

Because bacterial vaginosis is an imbalance in the vagina, you should avoid douches, feminine hygiene wipes or feminine sprays, or any chemicals in the vaginal or vulvar area. It is also possible oral sex which puts mouth bacteria into the genital area could lead to bacterial vaginosis. Ejaculate or semen from intercourse changes the vaginal pH and this could promote an overgrowth of the bacteria found in bacterial vaginosis. Sleeping in your underwear or wearing nylons or tight pants have also been associated with bacterial vaginosis.

PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

The only sure way to avoid sexually transmitted diseases (STDs) is to not have sex. Alcohol and drug use can decrease your ability to make clear decisions about your sexual behavior. If you decide to have sex, you can reduce your risk by having sex with one person who has sex with only you. You can use a condom (rubber) to protect against infections. Always look at your partner's genitals before you have sex. If you see any sores, rashes, or discharge, talk to your partner. Do not have sex until he/she has been examined and treated. Have regular check-ups. Ask for STD tests.



Before You Get Pregnant: Planning is the Key

The best start for your future baby begins right now, before you are pregnant. There are many things you and your partner can do to give your baby the best possible start.

Did You Know...

All of your baby's important organs form very early. Birth defects may happen before a woman has missed a period and knows she is pregnant. The first 3 months are extremely important. You can lower the risk of birth defects and pregnancy problems by making good health choices before and during your pregnancy.

Getting Pregnant

An average woman can get pregnant during a short time about 2 weeks before her next period. However, some women can get pregnant at very different times in their menstrual cycles. Talk to your health care provider or clinic about when you are most likely to get pregnant.

Time: Choosing When You Get Pregnant is Important

- Family Planning: Planning your future is important. Family Planning lets you decide if you want a child, when that will happen, and helps you have a healthy baby. If you are having sex, it is important to use a method of birth control until you are ready to have a baby.
- Age: Women under 18 and over 34 who have babies are more likely to have problems with pregnancy or have small babies.
- Before You Stop Your Birth Control: Go to a clinic or health care provider for a physical exam and counseling. Go in for this visit at least three months before you want to become pregnant. Ask your clinic or doctor about taking vitamins like folic acid.

Habits: Habits Before You Get Pregnant May Be Good Or Bad

- Folic Acid: Take a vitamin with 400 mcg of folic acid for 3 months before getting pregnant. This will help prevent neural tube defects.
- Eating: Eat healthy food and regular meals. It is important for you and your baby. Dieting may be harmful. Use less caffeine.
- Exercise: Regular exercise will help you feel better and get your body ready for pregnancy.
- Smoking: Smoking or being around others' smoke can cause your baby to be born too small or too soon to be healthy. Smoking marijuana can cause these problems, too.

- **Drugs and Medicines:** Using illegal drugs or even some medicines (prescribed or bought over-the-counter) can cause miscarriage, brain damage, addiction, and/or death to your baby.
- **Alcohol:** Drinking alcohol (beer, wine, wine coolers, hard liquor, and even cough and cold medicines) can cause birth defects, mental retardation and even death to your baby.
- **Other Hazards:** Working with certain metals and chemicals such as lead, paint, oven cleaners, bug killers, gasoline, and car exhaust can cause pregnancy problems. They also could harm your baby. Other hazards include eating raw meats, handling cat litter, or being around animals or people with certain diseases.

Health: Before You Get Pregnant, Talk to Your Health Care Provider or Clinic About:

- **Medical Conditions:** Medical problems (such as diabetes, epilepsy, high blood pressure, heart or kidney disease, infections, hepatitis, or anemia) need to be treated before pregnancy.
- **Immunizations:** Make sure your immunizations are up to date. They can prevent some diseases like German Measles (rubella) which can cause serious birth defects.
- **Family Health:** Does anyone in your family have a birth defect, inherited disease, or mental retardation? Some disease and birth problems can run in families.
- **STD:** You or your partner may have a sexually transmitted infection (STD) that you do not know about. All STDs (such as chlamydia, gonorrhea, syphilis, and HIV/AIDS) can cause serious problems.
- **Emotional Health:** Get help if you have violence or abuse in your life, high levels of stress, or not enough personal support. Pregnancy can cause money problems or interfere with school or work.
- **Get a Pregnancy Test:** If you think you are pregnant or if you miss your period, ask your health care provider for a pregnancy test. Usual signs of pregnancy include sore or enlarged breasts, urinating more often, nausea, and tiredness. It is important to get care as early as possible when you are pregnant.

Plan Ahead

There are many things you need to think about before you get pregnant. What will you need to know, and do, to plan for your pregnancy and parenthood? You may find it useful to get more information from:

- Family planning services
- Pre-pregnancy books at your local library, bookstore, or clinic
- Exercise classes
- Stop smoking programs
- Food programs
- Counseling and mental health centers
- Religious leaders
- School counselors and nurses
- Alcohol/drug treatment programs
- Medical insurance plans
- Social services
- Health departments
- Health care providers – doctors, nurses, clinics, and hospitals



Birth Control Pills (“The Pill”)

What are birth control pills?

Birth control pills are pills that women take daily to prevent pregnancy. Some women take them for other reasons, such as helping painful periods or improving acne. They are also called “oral contraceptives” and “the pill.” Most women can safely take them.

How do birth control pills work?

The pill prevents pregnancy by keeping the ovary from releasing an egg every month. The pill contains two hormones, estrogen and progesterone, that are normally present in women’s bodies. (Hormones are natural chemicals in our bodies that tell different organs what to do. In this case, for example, they tell the body not to release an egg.)

How effective are birth control pills?

Birth control pills are very effective if they are taken correctly. If 100 women took the pill perfectly for a year, only 1 of them (at most) would get pregnant. Like other types of medication, taking the pill incorrectly makes them less effective.

What are the benefits of taking the birth control pills?

Research has shown many benefits of taking the pill:

- Shorter and lighter periods
- Less cramping with periods
- Less acne
- Stronger bones
- Less chance of getting cancer of the ovaries or uterus
- Less chance of getting breast lumps
- Less chance of getting cysts in the ovary

Who can take birth control pills?

Most women can take the pill. They are very safe. Your nurse or doctor will ask questions about your medical history and take your blood pressure to make sure it is safe for you to take the pill.

Who cannot take birth control pills?

Some women can’t take the pill because they have certain health problems. A woman should not take the pill if she has ever had a heart attack, stroke, blood clots in the legs or lungs, breast cancer, cancer of the uterus, or severe liver disease. Also, women who are pregnant should not take the pill.

Do birth control pills cause any serious complications?

- Serious problems are very rare. However, women who smoke cigarettes every day, especially if they're over age 35, have an increased risk of getting a blood clotting problem on the pill.
- Women should contact their doctor, family planning clinic or emergency room if they have any of the following problems: severe pain in their abdomen, severe chest pain or shortness of breath, severe leg pain or swelling, severe headaches, or eye problems, such as blurry vision, flashing lights or blindness.

Commonly Asked Questions

Does the pill prevent STDs or HIV?

No, it is best to use condoms with the pill to protect yourself against STDs and HIV.

Does severe vomiting and diarrhea affect the pill (such as when you have the flu)?

- Yes, your body may not have absorbed all the hormones so there is a chance you could become pregnant.
- Use a back-up method of birth control, such as condoms, or don't have sex, while you finish taking the pack of pills.
- If you miss your period, call the clinic.

Is there anything I can do to skip my period on purpose?

Yes, ask your provider for instructions. They can help you skip one or more of your periods.

What should I do if I'm having bothersome side effects?

- Call the clinic before you stop taking the pill.
- Many women experience minor side effects, such as nausea, weight gain or loss, fluid retention, breast tenderness, tension headaches, tiredness, spotting between periods and others.
- Many side effects go away after you body adjusts to the pill.
- If the side effects do not go away on their own, sometimes changing to a different type of pill will help. There are over 40 different brands of pills available. Each kind may contain different types and amounts of hormones so your provider can prescribe the pills that best fit your body.

If I go to another doctor, will they be able to tell I am on the pill?

No, not unless you tell them. If you are admitted to the hospital or go to another clinic, be sure to tell them you are taking birth control pills.

Should I stop taking the pill if I break-up with my partner or stop having sex?

- It is best to continue.
- There are fewer side effects the longer the pill is taken.
- Stopping and starting the pill can increase irregular bleeding and other side effects.
- Remember, the pill also protects you from cancer, anemia, acne, and painful periods. Many women take the pill for these positive effects on their health.

What should I do if I want to get pregnant soon?

- Stop taking your pill and use another birth control method, such as condoms, until you have had 2 periods.
- All women, whether or not they are on the pill, should start taking vitamins with folic acid before they get pregnant to help prevent birth defects.

Instructions for Use

How do I take the pill?

- Start taking the pill on the first day of your period – the day the bleeding starts.
- Swallow one pill every day, around the same time each day.
- During your first two weeks on the pill, you are not fully protected against pregnancy. Use a second method of birth control, such as condoms, or do not have sex.
- When you finish a pack of pills, begin the next pack. (For example, if you take your last pill on Saturday, start your next pack on Sunday.)
- Try to develop a routine that will remind you to take one pill every day. For example, take it when you go to sleep or when you brush your teeth.

What should I do if I forget to take a pill?

If you're ever unsure about what to do . . .

- ✓ Call your clinic for instructions. The clinic staff will be happy to help you. Making up missed pills can be confusing.

If you miss only 1 pill . . .

- ✓ Take it as soon you remember.
- ✓ Then, continue taking 1 pill a day on your regular schedule.

If you miss 2 pills in a row during the 1st or 2nd week of your pill pack . . .

- ✓ Take 2 pills as soon as you remember and 2 pills the next day.
- ✓ Then, continue taking 1 pill a day on your regular schedule.
- ✓ Use condoms or do not have sex for the rest of your pill pack.

If you miss 2 pills in a row during the 3rd week of your pill pack . . .

- ✓ Take 1 pill a day and skip the “spacer” pills (the 4th week of pills) for that pack.
- ✓ Then, continue taking 1 pill a day on your regular schedule.
- ✓ Use condoms or do not have sex for one month.

If you miss more than 2 pills in a row . . .

- ✓ Take 1 pill a day and skip the “spacer” pills (the 4th week of pills) for that pack.
- ✓ Then, continue taking 1 pill a day on your regular schedule.
- ✓ Use condoms or do not have sex for one month.

What if I miss a period?

If you forgot to take one or more pills . . .

- ✓ Call the clinic to schedule a pregnancy test.

If you took every pill on time . . .

- ✓ Continue to take your pills as scheduled.
- ✓ If you miss a second period, call the clinic. Birth control pills may cause some women to miss a period.

Bladder Health Handout

- Use the toilet regularly. Make toilet facilities convenient. Do not hold urine until painful.
- Wear clothes that are easy to remove when it is time to use the toilet.
- Train your bladder. Use a clock to schedule times to the toilet. Every hour, then every one and a half-hours, etc., until you achieve a satisfactory schedule. Avoid frequent trips to the toilet “just in case.”
- Remain at the toilet until you feel your bladder is empty. Don’t rush. If you feel there is still some urine in the bladder, move around or stand up. If you were sitting, sit back down, and lean forward slightly over the knees.
- Empty your bladder before you start on a trip of an hour or more. Don’t try and wait until you get home or until it’s more convenient.
- Learn to squeeze before you sneeze or try crossing your legs to get control of your bladder before you cough, laugh, get out of a chair, or pick up something heavy.
- Establish regular bowel habits. Constipation makes bladder control worse.
- Watch your weight. Obesity makes bladder control more difficult. Ask your provider about a sensible diet if you are overweight.
- Stop smoking. Smoking is irritating to the bladder, and a smoker’s cough may cause bladder discomfort or leakage.
- Consider avoiding foods that are known to effect the bladder, such as tomatoes, chocolate, spicy foods, and beverages, including alcohol and those containing caffeine. These make the bladder more irritable, and therefore increase incontinence.

Dietary Irritants to the Urinary Tract

Acidic foods to be avoided, as these can cause bladder spasm and irritation:

All alcoholic beverages	Coffee	Cranberries
Apples	Tea	Grapes
Apple juice	Vinegar	Lemon juice
Carbonated drinks	Peaches	Tomatoes
Chilies/spicy food	Pineapple	Onions
Citrus foods/juices	Plums	Vitamin B Complex
Chocolate		

If bladder symptoms are related to dietary factors, strict adherence to a diet which eliminates the above food products should bring significant relief in 2 weeks. Once you are feeling better, you can begin to add these items back into your diet, one thing at a time. This way, if something does cause you symptoms, you will be able to identify what it is. When you do begin to add foods back into your diet, it is crucial that you MAINTAIN A SIGNIFICANT WATER INTAKE. Water should be the majority of what you drink every day (approximately 1-2 quarts a day).



Bone Health/Calcium/Osteoporosis Handout

Osteoporosis means porous or bones with holes. It is a bone-loss disease resulting in an increased risk of fractures. Osteoporosis is a silent disease that can begin early in life. It progresses slowly over the years and often with no symptoms. With osteoporosis, all bones may become fragile, but hip, spine, and wrist fractures are the most common of all. Osteoporosis causes more than fractures. As the spinal bones or back bones collapse, some people can no longer stand straight and tall. They develop a curved and hunched-over appearance.

As a woman, you are at greater risk than a man. Your bones are lighter and smaller. You will lose bone density faster at menopause when your estrogen levels decrease. Women typically consume less calcium-rich foods and often they eat less to control their weight. Osteoporosis is preventable, yet one in two women is at risk of developing fractures caused by osteoporosis.

For Bone Health and To Prevent Osteoporosis:

1. Get enough calcium. See the below advice on recommended daily allowances. Include a good intake of vitamin D, 400 i.u. daily, the amount found in most multivitamins. Vitamin D helps the body absorb and use calcium.
2. Quit smoking and avoid excess alcohol; both can cause calcium loss.
3. Do weight-bearing exercise (e.g., walking, jogging, dancing) for 30 minutes at least 3 times a week. This will strengthen bones and keep muscles strong to prevent falls.
4. Look around your home to make sure there are no loose rugs, or other things which can make you trip and fall.
5. Discuss the effects of other medications you take with your provider because some medications can increase your risk of osteoporosis or bone calcium loss.
6. If menopausal, consider hormone replacement therapy (HRT) which can slow bone loss.

Bones and Age

- **During adolescence:** Nearly half of all the bone mass is formed during the teen years.
- **If you are still in your 20's:** You are still in the prime bone-building years. You can continue to add bone tissue to make them denser and stronger by vigorous exercise.
- **If you are approaching 30:** Your window of opportunity is still open. You can make up for scarce calcium years by boosting your daily deposits before peak bone mass is reached, which is the maximum amount of bone that you will ever have.
- **If you are 35 to 45:** You have reached your peak bone density and now you need to preserve it with exercise and calcium intake. Both activities will help you maintain your bone density.
- **If you are over 45:** You need to start thinking about options to protect your bones and to slow bone loss. There is a sharp decline in the production of estrogen. This female hormone plays a role in preserving a positive calcium balance in our bones.

Where do you stand with your calcium balance?

Count your daily calcium intake:

1. Take credit for calcium in your diet's every day basic foods 172 mg

2. Take extra credit for calcium-rich food you eat every day:

Milk, whole - 1 cup	291 mg	_____
Milk, low-fat - 1 cup	297 mg	_____
Milk, chocolate - 1 cup	280 mg	_____
Milk, half & half - 1 cup	254 mg	_____
Milk, evaporated canned - 1 cup	675 mg	_____
Egg nog, commercial - 1 cup	330 mg	_____
Yogurt (depending on flavor) - 1 cup	343-415 mg	_____
Cheddar cheese - 1 ounce	204 mg	_____
Parmesan cheese - 1 ounce	390 mg	_____
Provolone cheese - 1 ounce	214 mg	_____
Swiss cheese - 1 ounce	272 mg	_____
Almonds - 1 cup	304 mg	_____
Hazelnuts - 1 cup	240 mg	_____
Kale - 1 cup	206 mg	_____
Collards - 1 cup	357 mg	_____
Sardines, canned - 3 ounces	372 mg	_____
Blue cheese - 1 ounce	150 mg	_____
Cottage cheese - 1 cup	130 mg	_____
Mozzarella cheese, whole milk - 1 ounce	163 mg	_____
Mozzarella cheese, part skim milk - 1 oz	207 mg	_____
American cheese - 1 ounce	174 mg	_____
Broccoli - 1 stalk	158 mg	_____
Spinach - 1 cup	167 mg	_____
Ice cream, regular - 1 cup	176 mg	_____
Ice cream, soft - 1 cup	237 mg	_____
Egg - 1 egg	28 mg	_____
Cabbage - 1 cup	44 mg	_____
Cream cheese - 1 ounce	23 mg	_____
Beef, pork, poultry - 3 ounces	10 mg	_____
Apples, bananas - 1 medium piece	10 mg	_____
Grapefruit - 1 medium piece	20 mg	_____
Potatoes - 1 medium piece	14 mg	_____
Carrots - 1 medium piece	27 mg	_____
Lettuce - 1/2 head	27 mg	_____

YOUR TOTAL _____

Add 1 and 2 to figure your daily calcium intake. If your calcium intake is over 1000 mg daily, congratulations! If it is under 1000 mg, you run the risk of putting your body in negative calcium balance.

To correct, either change your diet to include more calcium-rich foods or take a calcium supplement.

Recommended Daily Allowance for Calcium in Women

Ages 1 through 8	800 mg
Ages 9 through 18	1,300 mg
Ages 19 through 50	1,000 mg
Ages 51 through 64	1,200 mg
Ages 50 through 64 if not taking estrogen or over age 64	1,500 mg
Pregnant and lactating women	1,500 mg

Calcium Supplements

You can also buy calcium supplements, like Tums, which have 200 to 600 mg of calcium.

<u>Calcium Carbonate.....</u>	<u>mg of calcium</u>
Generic chewables	200 to 600
Caltrate 600	600
Equilet, chewable	200
OsCal 500, chewable	500
Titralac Chewable.....	168
Titralac Extra Strength.....	300
Tums:	
Regular Chewable	200
E-X Chewable.....	300
Ultra 500	500

<u>Calcium Citrate.....</u>	<u>mg of calcium</u>
Citracal 950	200
Liquitab.....	500
Nutravescent	500

Note: Calcium is best absorbed in divided doses with food.



Bowel Program

The goal is to produce a soft formed stool every day about the same time of day.

1. Choose the best time of day for you to have a bowel movement. A good time is after breakfast. For some people, after lunch works better. These times are best because the gastrocolic reflex, when the colon muscles push stool towards the rectum, occurs only 2-3 times a day, often after eating will help to produce a stool.
2. When you feel the urge to go, **GO**, it is important to listen to your body's need to empty the rectum. Stool that stays in the rectum dries out and is difficult to push out.
3. Eat all your meals at about the same time each day. The bowel works better when food is introduced at the regular times.
4. The amount of food eaten for each meal – breakfast, lunch, or dinner – should be about the same each day. The bowel works best when food is predictable same amounts at the same time. It is okay to have a small breakfast and a large lunch, or vice versa – just be consistent.
5. At each meal eat fruit and/or vegetables and at least one serving of a complex carbohydrate (a whole grain product such as whole-grain cereal, brown rice, bran, whole wheat or rye bread, or oatmeal). A bowl of bran cereal (buy the 10 grams of fiber per bowl type of cereal) in the morning and two raw carrots at night is an affordable, easy way to add 15 grams of fiber to your day. Every day you need 20 grams of fiber to produce a good stool. Fiber provides soft bulk for the bowel. This stimulates bowel function and helps make a comfortable bowel movement.
6. Water, water, and more water! To make a soft stool the bowel needs 8 to 10 glasses of water, juice, or herbal tea every day.
7. Until regular bowel movements are established at a desired time every day, take 2-3 dried prunes (or 1/4 – 1/3 cup of prune juice) each night, to stimulate bowel function in the morning.
8. Exercise daily. This should be aerobic exercise. For example, 15 to 30 minutes swimming or a brisk walk. If the exercise is at the same time the exercise may trigger the gastrocolic reflex and could help produce regular bowel movements
9. If the stool is hard or firm and you cannot change your diet, Metamucil (1–3 tablespoons) or other fiber medication taken with breakfast can help. But these

medications can cause gas so fiber in your food is much better. If stool becomes too loose, you could try avoiding fruit juices and dairy products.

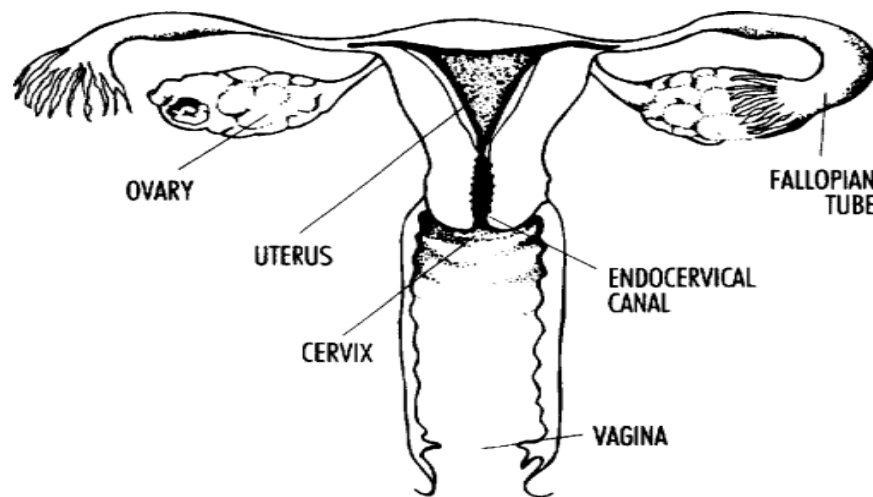
Cervical Cancer Screening

What is Cervical Cancer?

Cancer is a disease in which cells in the body grow out of control. When these abnormal cells are present in the cervix, it is called cervical cancer, or cancer of the cervix.

As the drawing shows, the cervix is the lower, narrower part of the uterus. The uterus is also known as the womb. The upper part of the uterus is where a baby grows when a woman is pregnant. The cervix connects the upper part of the uterus to the vagina (the birth canal).

Figure 1 – The Female Reproductive System



Important Facts About Cervical Cancer

- Cervical cancer can usually be prevented if women are screened regularly with a test called the Pap test.
- It is estimated that during 2003, about 12,200 women in the U.S. will be diagnosed with cervical cancer, and 4,100 will die of the disease.
- Any woman who has a cervix can get cervical cancer, especially if she or her sexual partner has had sex with several other partners.
- Most often, cervical cancer develops in women aged 40 or older.
- Abnormal cells in the cervix and cervical cancer don't always cause symptoms, especially at first. That's why getting tested for cervical cancer is important, even if there are no symptoms.
- When it is found early and treated, cervical cancer is highly curable.
- Most deaths from cervical cancer could be avoided if women had regular checkups with the Pap test.

Screening Prevents Cervical Cancer and Saves Lives

The Pap test can find abnormal cells in the cervix. These cells may, over time, turn into cancer. This could take several years to happen. If the results of a Pap test show there are abnormal cells that could become cancerous, a woman can be treated. In most cases, this treatment prevents cervical cancer from developing. When it is found early, the chance of being cured is very high. The most important thing you can do to avoid getting cervical cancer is to have regular Pap tests.

What is the Pap Test?

The Pap test, also called the Pap smear, is a cervical cancer screening test. It is not used to detect other kinds of cancer. It is done in a clinic. This test can find abnormal cells in the cervix that may turn into cancer if they're not treated.

During the test, the provider uses a plastic or metal instrument, called a speculum, to widen the vagina. This helps the provider examine the vagina and cervix, and collect a few cells and mucus from the cervix and the area around it. These cells are placed on a slide and sent to a laboratory to be checked for abnormal cells.

The provider also performs a pelvic exam, checking the uterus, ovaries and other organs to make sure there are no problems. There are times when a provider may perform a pelvic exam without giving you a Pap test. Ask your clinic provider which tests you're having, if you're unsure.

Who Should Have a Pap Test?

Providers recommend that women begin having regular Pap tests and pelvic exams at age 21, or within three years of the first time they have sexual intercourse – whichever happens first. It is recommended that after a woman over age 30 has a Pap test each year for three years in a row, and test results show there are no problems, she can then get the Pap test once every 2-3 years.

Who Does Not Need to be Tested?

The only women who do not need regular Pap tests are:

- Those over age 65 who have had regular Pap tests with normal results and have been told by their providers that they don't need to be tested anymore.
- Women who do not have a cervix. This includes women whose cervix was removed as part of an operation to remove the uterus. (The surgery is called a hysterectomy). However, a small number of women who have had this operation still have a cervix and should continue having regular Pap tests. If you're not sure whether you have a cervix, speak to your provider about it.

How Do I prepare for the Pap Test?

To prepare for the Pap test, providers recommend that for two days before the test you should avoid douching, using tampons, having sexual intercourse, and using vaginal medications or creams. Providers also recommend that you try to schedule your Pap test for at time when you are not having your menstrual period.

The Test Results

Most labs in the United States use the "Bethesda System" to describe Pap test results. This standard system helps plan treatment if needed. Under this system, your results will be placed in one of these categories:

- *Normal (negative)*: Only normal cells are seen. There are no signs of cancer or precancer. Cells are called precancerous when there are changes in them they may, but do not always, become cancer.
- *Atypical squamous cells (ASC)*: Some cells were seen that cannot be called normal, but do not meet the requirements to call them precancer. The abnormal cells may be caused by an infection, irritation, intercourse, or may be precancerous.
- *SIL (squamous intraepithelial lesion)*: Changes were seen in the cells that may show signs of precancer. SIL can be low grade or high grade.
 - *Low-grade SIL (LSIL)*: Early, mild changes were seen in the size or shape of cells.
 - *High-grade SIL (HSIL)*: Moderate or severe cell changes are seen. HSIL changes on a Pap test suggest an increased risk of "precancer" being present than with LSIL changes.
- *Cancer*: Abnormal cells were seen to have spread deeper into the cervix or to other tissues. They have become a true cancer.

When Will I Get the Results?

It can take up to three weeks to receive Pap test results. Most results are normal. But if your test shows something may be abnormal, the provider or nurse will contact you and probably want to do more tests. There are many reasons that Pap test results can be abnormal, and usually it does not mean you have cancer.

Handout adapted from CDC Publication #99-6949. October 2003

Cervical Cap Handout

What is the cervical cap?

The cervical cap is a dome-shaped device that covers the opening of the cervix to keep sperm from getting into the uterus. Suction keeps the cap and spermicide in place. There are two types of caps available. One, the Femcap is made of vinyl and comes in 3 sizes. The other, the Prentif cap is made of latex and comes in 4 sizes. They both need spermicide to prevent pregnancy.

How does the cap work?

Like the diaphragm, the cap is a barrier that blocks sperm from entering the uterus and prevents fertilization of the egg. The cap is used with a spermicide (a detergent like chemical) that kills sperm.

How effective is the cap?

For those women who have not been pregnant and who use the cap correctly and every time, the cap can be up to 90% effective. This means over the first 6 months of use, 1 out of 10 women using the cap perfectly will still get pregnant. However, the typical woman does not use it perfectly and the cap is only about 80% effective for women who have had one or more vaginal deliveries. Remember both the IUD and the birth control pill can be 99% effective.

How do I get a cap?

To be fitted for a cap, you have to see a health care provider who is trained to fit them. The effectiveness of the cap can depend on the fit and a woman's cervix can be shaped a little differently, especially if she has had a pregnancy.

What are the advantages of the cap?

- Can be left in up to 48 hours allowing spontaneous protected sex for 42 hours
- Uses less spermicide than the diaphragm and is smaller and may be less noticeable to partner
- Easy to carry around, comfortable
- No hormones and does not alter the menstrual cycle

What are the disadvantages of the cervical cap?

- Requires a fitting in a clinic
- Some women cannot be fitted
- Can be dislodged during intercourse
- Can sometimes be felt during sex or by your partner
- Can be difficult to insert or remove
- Doesn't protect as well as a condom against sexually transmitted infections. But the cap can be used with a male condom.

Who should not use the cervical cap?

Women who should not use the cervical cap include those with:

- An unusually long or short or asymmetrical cervix
- Abnormal pap test or genital infection
- Latex or spermicide allergy
- History of toxic shock syndrome

Directions for use of the cervical cap

1. Fill the Prentif cap dome one-third full with spermicide or if using the FemCap place a teaspoon of spermicide inside the domed cap and on the reverse side put more spermicide in the groove made for this.
2. Squeeze the rim together with thumb and forefinger and insert into vagina.
3. Push cap deep into the vagina.
4. Use a finger to push the cap over your cervix.
5. Check that the cap is covering the cervix by running your finger around the rim.
6. Check the fit by tugging gently on the dome. If you can feel your cervix being pulled and the cap remains in place, it is correctly placed.
7. Leave the cap in at least 6 hours after intercourse.
8. Remove by squeezing the dome of the cap to break the seal and then tilt the cap to the side then hook your finger under the rim and pull down, off the cervix and out of the vagina.

Care of the cervical cap

1. After the cervical cap is removed from the vagina, wash it with a mild soap and warm water.
2. Rinse the cap thoroughly in clean water.
3. Dry the cap well.
4. Store the cap in its original or other suitable clean container between uses. Store in a place where the device will not be exposed to extreme heat, bright light, petroleum products, newspaper, or any chemicals as they may cause it to deteriorate.
5. Get a new cap at least every two years. Bring it to your annual exam to get the fit checked.

CAUTIONS:

- Do not take off sooner than 6 hours.
- If you have sex a second time keep the cap in place but add some more spermicide to your vagina using an inserter or consider removal and reinsertion prior to intercourse.
- Do not overfill with spermicide; it will cause loss of suction. (The cap will not maintain the seal.)
- Do not wear for more than 48 hours.
- Be careful of use during menses, as that is when toxic shock syndrome is more likely to occur. Remove the cap immediately and see a clinic if you develop a fever with a rash.
- If you have a pregnancy or gain more than 20 pounds get your cap fit checked as your shape may have changed.
- Use a back-up method during the first month of cap use. If it dislodges more than once, call and report it to the practitioner who fit your cap.
- If the cap slips or you are worried you did not use it correctly (or neglected to use it) remember you can always get emergency contraceptive pills within 5 days of the unprotected sex to help prevent pregnancy.

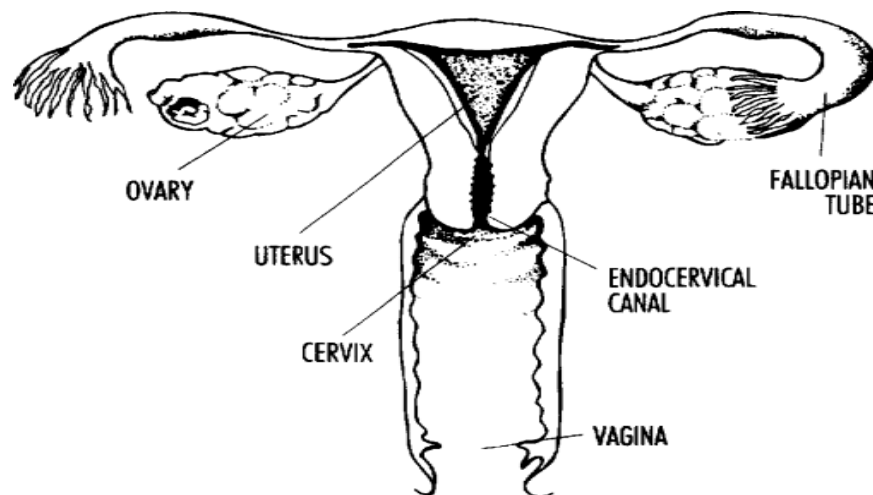
COLPOSCOPY: EXAMINING THE CERVIX

Colposcopy, Biopsy, Endocervical Curettage

Colposcopy is looking at the cervix with a microscope. It is done to study the abnormal cells found on your Pap test. Once found, the abnormal cells can be treated. This prevents the abnormal cells from possibly changing into cancer of the cervix.

The colposcope is like a microscope with lights in it. It enlarges about 8 -10 times the details seen with just normal vision. The health care provider can then see any abnormal areas on your cervix and find the area where the abnormal cells come from. If necessary, the provider then takes a sample of the cells. This is called taking a biopsy. The provider may also take samples from inside the cervix in the endocervical canal. This is called endocervical curettage. These tissue samples are sent to the laboratory for a more exact diagnosis than is possible from the Pap test.

Figure 1 – The Female Reproductive System



Preparing for Colposcopy

Do not douche, have vaginal intercourse, use a tampon or put anything in your vagina for at least 24-48 hours before your colposcopy. This helps prevent infection and makes your test more accurate. If you think or know you are pregnant it is important to tell the provider because it will change the procedure.

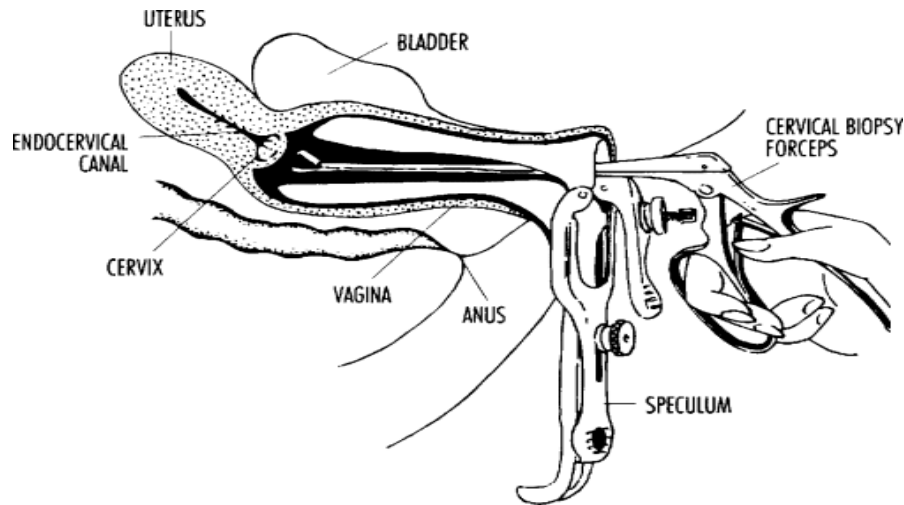
Women have different amounts of feeling on their cervix and can handle different amounts of pain. Some women do not need any pain medicine, but some do. You can take two or three ibuprofen tablets just before your appointment or we can give you some in the clinic. Let the health care provider know what you decide to do.

What to Expect

Colposcopy: First you lie on the examination table just like you do for any pelvic examination. The provider puts a speculum in your vagina to gently hold it open to see your cervix. A dilute acetic acid (vinegar) solution is then put on the cervix to look for abnormal cells with the colposcope. This usually takes 5-10 minutes and it does not usually hurt.

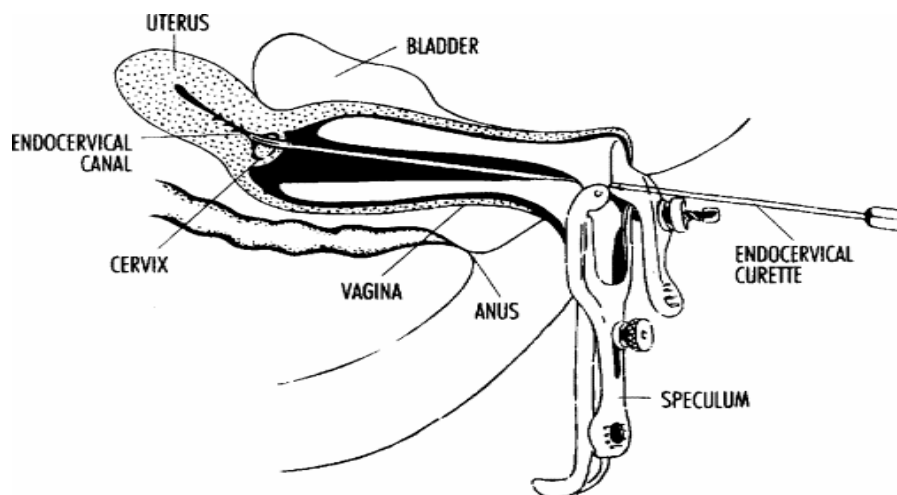
Biopsy: If abnormal cells are seen, a biopsy is done. The provider uses an instrument to take a very small piece of tissue from the cervix for further testing at the laboratory (see Figure 2). A biopsy usually feels like a pinch or a mild cramp.

Figure 2 – Taking a Biopsy



Endocervical Curettage: The inside of the cervix may be scraped with a tiny spoon-like instrument (see Figure 3). This is called endocervical curettage. It is done to check for abnormal cells inside the opening of the cervix, where we cannot see. This usually feels like a menstrual cramp and takes 1 to 2 minutes. The tissue sample is sent to the laboratory for examination.

Figure 3 – Endocervical Curettage



After the Procedure

After the procedure, you rest for a short time in the clinic. Some women feel dizzy if they get up too soon. When you go home, you may spot or bleed a little. **DO NOT** have vaginal intercourse, wear tampons, douche, or put anything in your vagina for a week until it heals. After healing, the cervix usually looks normal and has no visible scar tissue.

What to Watch for – Risks

Let us know if you have any heavy bleeding, pain in the lower abdomen (belly) or a fever. Bleeding or infection is a very rare problem, but prompt treatment may be necessary. You will need an appointment in 2 weeks to discuss the laboratory report if a biopsy was done to see if any further treatment is needed. It is very important to keep this appointment. If no biopsy was done you may be told to get another cytology (pap) test in 6-12 months.



Continuous Birth Control Pill Use

Taking an active, hormone containing, pill every day is designed to stop all bleeding after an initial period of irregular bleeding. This handout explains how and gives tips to decrease the irregular bleeding.

Why do the spacer pills cause the uterus to bleed?

"The Period Pills," "spacer," "or "sugar" pills contain no active or hormone medication. The reason you bleed when you take spacer pills is because your hormone levels drop. You bleed because you did not take a progestin hormone or "real" birth control pill. The lining of the uterus needs stable hormone levels to prevent bleeding. The best way to prevent any bleeding or spotting is to have constant levels of the estrogen and the progesterone hormones, because these hormones support and keep the blood lining of the uterus stabilized.

What do birth control pills do to the uterus?

Birth control pills work to shrink the blood lining of the uterus. Over time the lining is so thin, the chances of unexpected bleeding and spotting become very low. It is very, very unlikely something is building up inside your uterus when you are on the pill. As a matter of fact, the risk of endometrial cancer decreases by 80% in women using the birth control pill for five years.

Irregular Bleeding is common at first

Break-through bleeding, or bleeding when you are not scheduled to bleed, is very common in the first 6 months of continuous birth control pill use. Your body is getting used to the constant level of hormones. If you have been on a higher dose pill or injection contraceptive, it can take longer to stop irregular bleeding. Spotting is when the amount of blood is so tiny that no pad or tampon is needed. The longer you take the continuous pills the less bleeding and spotting will happen. You do not need to stop the pill to have a period because bleeding happens, instead try to figure out what caused the bleeding and keep taking the daily pill if you want to have no bleeding. Stopping the pill only begins the whole process again.

How can you help prevent a drop in the pill hormones and stop bleeding/spotting?

The most important thing is to take your pill as close as possible to the **same time every day**. Estrogen in the body begins to wear off, especially if you take your pill over 4 hours late.

Other suggestions if spotting continues:

All these suggestions and ideas listed below are to help you make it through the first six months of continuous pill use. Most women will have significantly less bleeding or spotting after six months. Keep a menstrual diary so you can learn what triggers a bleeding episode for you. Remember all women are individuals. You can learn about how you metabolize your pill and what works with your body.

- ❑ **Alcohol:** Drinking alcohol keeps your liver busy detoxifying the alcohol so your hormone levels, especially estrogen, can be higher for a few days. If you drink everyday, even a glass of wine, your body could be used to the alcohol, so if you stop drinking, your estrogen levels may drop and trigger spotting.
- ❑ **Tobacco:** Smoking can increase your metabolism of estrogen and result in lower levels of estrogen. If you smoke you now have another reason to quit or at least greatly reduce the amount you smoke.
- ❑ **Other medications:** Many medications, for example antibiotics, antifungals, anticonvulsants, and even herbal drugs like St. John's Wort, can change the amount of the pill hormones absorbed by the stomach and the metabolism of these hormones. It is very common to have some spotting with a new medication or a change in dose of medication. Sometimes these medications can actually decrease the pill hormones so much they become less effective at preventing pregnancy. Therefore, it is important to tell your provider about all the medications you are taking.
- ❑ **Time of day and stress** can affect your hormone levels. The progesterone receptors in the uterus look a little like cortisol receptors, so it might be possible that increased stress can trigger a change in progesterone activity. **Taking the pill at night**, before bed, could make the hormones peak when the cortisol levels are at nighttime levels and this could affect the activity of the hormones. Also, at night, the pill does not have to compete with food in your stomach to be absorbed. So, if you are having persistent spotting you could try switching the time of day you take your pill. However, you can expect some initial spotting with any change in the usual time you take your pill and it may take two weeks for your body to equilibrate to the new pill taking time.
- ❑ **Diarrhea or vomiting:** Anything that makes the pill go through your system too fast can make the pill not work as well because it was not absorbed or, worse, if it is lost in the vomit.
- ❑ **Altitude:** Some women report spotting when they take airplane trips or climb mountains. It could be the change in air pressure, just going to a new time zone, or even a change in your sleep patterns. If travelling in a different time zone, you should attempt to take your pill at the time based on your normal time zone.
- ❑ Non-steroidal anti-inflammatory medications, like **Naprosyn, Aspirin, or Ibuprofen** can decrease period bleeding and menstrual cramps, because they lessen the chemicals that cause period bleeding and decrease irritation in the lining of the uterus. Stop using them when your spotting stops. If your spotting continues after one week, you should call your provider, you may need a higher dose and your provider can give you a prescription. You should not use these drugs for more than 1-2 weeks or they could hurt your liver or kidneys.
- ❑ **Vitamin C**, 1000 mg, taken with your pill can help increase estrogen absorption for some women, so you should try this if the spotting has gone on for more than five days. However, you should stop taking the high dose of Vitamin C either when the spotting stops, or after a week if the spotting hasn't stopped. If you take it for too long, your body gets used to that large amount of Vitamin C, so that if you don't take it, you will then have a drop in estrogen levels and start spotting again!
- ❑ **Grapefruit juice** contains a chemical that slows estrogen metabolism if the pill is taken with a glass of juice. More estrogen may be available to your body to stop the spotting.

*If you have any questions about any of these suggestions, please call your clinic. Often your provider can help and may even need to do an exam to find out why you are bleeding because there may be an infection or change in health that is causing the bleeding. **Please call your clinic before you stop the birth control pill.** This handout is from the www.noperiod.com website and is used with permission.*



CONTRACEPTIVE IMPLANTS

What are implants?

Implants are plastic tubes about the size of a match stick and they are put just under the skin on the inside of a woman's upper arm. The tubes release a progestin, which is one of the hormones in the birth control pill. The progestin medication is released slowly from the device directly to the blood stream. Implants prevent pregnancy by stopping ovulation and sperm passage through cervical mucus. There are 3 implant systems approved by the FDA but not all of them are currently being sold. The Norplant[®] implant system has 6 implants releasing the progestin levonorgestrel and lasts for 5 years. Jadelle[®] has the same hormones and dosage as Norplant[®] but requires only 2 implants and is also good for 5 years. The Implanon[®] implant system has a single implant releasing etonogestrel and lasts 3 years.

Who can use implants?

Implants are best for women who want long lasting, continuous birth control. It is also a good method for those who want birth control that is private, does not need to be remembered every day, or used for each act of intercourse. Women who may want a child in the next year may wish to consider another type of birth control. Some women cannot use implants because of certain medical problems like breast cancer. That is why a complete medical history and exam are done before implants are put in.

Advantages of Implants

Once the implants are put in, a woman does not need to do anything else to prevent pregnancy. It is private and does not interrupt love making. Implants are very effective and long lasting, but can be removed at any time.

Because implants release progestin steadily, 24 hours a day, a smaller amount is needed than with the birth control pill. Implants also do not use estrogen, the other medicine found in most birth control pills, so implants have no estrogen-related side effects. This makes implant systems very safe for most women.

What are possible problems with implants?

1. Many women have changes in their periods – irregular bleeding, spotting, or no periods. Some women can spot or bleed every day for weeks, especially in the first year of use. But the amount of blood lost is actually very little and women do not get anemic.
2. Some women wonder about pregnancy because they have irregular periods or no periods. A pregnancy test can be done, even though there is little chance of a pregnancy occurring. However, if your periods are regular on the implants and suddenly stop, it is important to get a pregnancy test.

3. Some women find the implant is slightly visible under the skin. Others may have a change in weight, acne (pimples), or hair loss. These problems usually go away.
4. There is a slight chance of infection (heat, redness, pus) of the skin when implants are put in and occasionally a problem taking out the implants.
5. For those who need to pay for the implant, the cost is higher at first than other methods. Plus, it has to put in and taken out by a trained health care provider.

How are implants put in?

It takes about 5 minutes to put in the implant system. First, you lie down on an exam table. Then the health care provider gives you a shot on the inside of your upper arm so the area feels numb. A small cut (less than ¼ inch) is made with a special device, which is then gently inserted under the skin. It is similar to a needle. The implant is put in a tube like device and placed under the skin. If you are using the Norplant® or Jadelle® systems, then more than one implant is placed in a fan-like pattern under the skin and with Implanon® only one implant is needed. After the insertion, the area is covered with a band-aid and your arm is wrapped in a bandage.

This should not be painful. Let your health care provider know if you feel pain or develop a fever or redness at the opening in the skin. Keep the implant area covered and dry for a few days. Be careful not to bump the area. Call the clinic for any questions or if you notice any problems. Pregnancy protection does not begin until after 7 days unless the implants were put in during the first 5 days of your period.

How are the implants removed?

This can take 2 minutes to 30 minutes depending on the number of implants. The provider feels for the location of the implants. Then a shot is given to numb your upper arm around the implants. The shot may sting, but it should not hurt after the area is numb. A small cut is made (less than ¼ inch). The provider gently pushes each implant toward the opening and removes any scar tissue to then remove the implant. If you want new implants put in that day the same skin opening can be used.

Important Facts About the Implants

1. Implant systems are the most effective (over 99%) form of reversible birth control.
2. Remember to replace the implants at 5 years if Norplant® or Jadelle® and at 3 years if using the Implanon® system.
3. Use condoms to lower risk of getting a sexually transmitted disease (STD). Implants do not protect you from STDs.
4. Fertility and ability to get pregnant can return right away after implant removal.
5. See you health care provider to have implants removed if you wish to get pregnant.



Depo Provera (“The Shot”)

What is Depo-Provera?

Depo-Provera is a shot that women get every 12 weeks (4 times a year) to prevent pregnancy. It is also called “the shot.” Most women can safely use it.

How does Depo-Provera work?

Depo-Provera contains a female hormone, called progesterone, that is normally present in women’s bodies. It prevents pregnancy by keeping the ovary from releasing an egg every month, blocking sperm from passing through the cervix, and changing the lining of the uterus.

How effective is Depo-Provera?

The shot is very effective if it is used correctly. If 200 women took their shot on time for a year, only 1 of them (at most) would get pregnant. Like other types of medication, the shot is less effective if it is not gotten on time.

What are the benefits of using Depo-Provera?

- Effective and long lasting
- Private
- Only needed 4 times a year
- Lighter periods, and in many cases, no periods
- Less anemia (low blood iron)
- Less cramping with periods
- Safe for women who are breast feeding
- Safe for women who cannot take estrogen

Who can use Depo-Provera?

Most women can use the shot. It is very safe. For over 30 years, millions of women around the world have used Depo-Provera.

Who cannot use Depo-Provera?

Some women should not use Depo-Provera because they have certain health problems. A woman should not use the shot if she has any of the following conditions: unexplained bleeding from her vagina, pregnancy, osteoporosis (thinning of the bones) or other bone diseases, older women wanting to get pregnant soon, breast cancer, or severe depression.

What affect does Depo-Provera have on menstrual periods?

Many women have a change in their periods when they’re on the shot. This is normal and safe.

- **First 12 months:** Women may have irregular bleeding, spotting, heavy bleeding, or no bleeding.
- **After 6 to 12 months:** Women may skip a period or stop having periods completely.
- **After stopping the shot:** Women’s periods may take one year to return to their normal pattern.

Commonly Asked Questions

Does the shot prevent STDs or HIV?

No, it is best to use condoms with the shot to protect yourself against STDs and HIV.

Will my periods stop on the shot?

Many women skip or miss a period after 6-12 months, but not everyone. Over half of the women who use the shot for a year have no menstrual bleeding. The ovaries are in a resting state and are not releasing an egg each month. As a result, the body does not have to shed the lining of the uterus each month, and there is no period.

What should I do if I have irregular spotting or bleeding on the shot?

Irregular spotting or bleeding on the shot is normal and safe. However, if you find it annoying, call the clinic to make an appointment. They may be able to help you reduce these side effects.

What should I do if I'm having bothersome side effects?

Many women experience minor side effects, such as weight gain or loss, mood changes, and changes in their periods. Your provider may be able to help you reduce these side effects or help you find a different method of birth control that suits you better.

How does the shot affect bone strength?

In some women, the shot may cause their bones to become thinner. Once they stop the shot, their bone strength (also called "bone density") usually returns. In some women, however, there could be an increased risk of breaking bones more easily later in life. To help prevent bone thinning, women who are on the shot for more than 2 years are recommended to not smoke, take calcium and get regular exercise. Women who already have osteoporosis (low bone density) may take the shot if they sign a form stating that they understand the risks.

How does the shot affect depression?

Progesterone, the female hormone in the shot, can have an effect on moods. This doesn't mean that all women who use the shot will get depressed; in fact, most do not. But, if a woman already suffers from depression, and it gets worse on the shot, she might not get relief until the shot wears off.

How does the shot affect body weight?

Many women gain weight using the shot, and others gain none. Progesterone, the female hormone in the shot, can increase a woman's appetite and cause tiredness. If this is a concern, a good diet, regular exercise, and healthy lifestyle can help.

If I go to another doctor, will they be able to tell I'm on the shot?

No, not unless you tell them. If you're admitted to the hospital or go to another clinic, be sure to tell them you're using the shot.

Will I be able to get pregnant after I stop taking the shot?

Yes, the ability to get pregnant usually begins 3 months after the last shot, but sometimes it takes longer - 6 to 18 months after the last shot. Therefore, women who want to get pregnant in the next 3 months should not use the shot. Women who are 33 or older may not want to use Depo-Provera because they are already less likely to get pregnant than women in their 20's. All women, whether or not they are using the shot, should start taking vitamins with folic acid before they get pregnant to help prevent birth defects.

Instructions for Use

How do I use the shot?

- The shot is given in the arm or buttock once every 12 weeks.
- Only a trained health provider can give the injection.
- During your first 2 weeks on the shot, you may not be fully protected against pregnancy.
- Use condoms, another birth control method, or don't have sex during this time.
- Call the clinic to make an appointment 1 – 2 weeks before your next shot is due.

Can I get the shot early (before the 12 weeks is up)?

Yes, the shot can be given early.

What happens if I'm late getting my shot (after 12 weeks have already passed)?

- There's a risk of getting pregnant if you're more than one week late.
- Make an appointment to get your shot as soon as possible. The clinic staff will give you a pregnancy test first. If you're not pregnant, another shot will be given.
- If you get your shot late, use condoms, or don't have sex, for 2 weeks because it will take 2 weeks for the shot to prevent pregnancy again.
- In some cases, they will ask you to return to the clinic in 4 weeks for another pregnancy test, just to be sure.

What if I miss my period on the shot?

If you got your shot late . . .

- ✓ Call the clinic to schedule a pregnancy test.

If you got your shot on time . . .

- ✓ There is almost no chance of pregnancy occurring.
- ✓ Many women skip their periods when they're on the shot for more than a year. This is normal and safe.
- ✓ However, you should schedule a pregnancy test whenever you're concerned about pregnancy.

Other Information

You can get an email reminding you when to get your next shot by visiting the Depo Provera website to sign up for their email reminder program: <http://www.depo-provera.com/reminder/index.htm>.



Diabetes Screening

Why is it important?

Diabetes can cause damage to blood vessels and lead to heart disease, kidney disease, blindness, amputations, and even death before a person even knows they have it. Over 5 million people in the U.S. have diabetes. Diabetes is the fourth-leading cause of death by disease in the United States. If the early signs of a tendency to develop diabetes can be discovered, it is much easier to prevent full-blown diabetes. It is much easier for a young person to make diet and exercise changes which could actually stop progression to full-blown diabetes.

Diabetes is more common in African Americans, Asian American/Pacific Islander, Latinos, and Native Americans.

Some people with diabetes have symptoms. Do you have any of the following symptoms?

- Extreme thirst
- Blurry vision from time to time
- Frequent urination
- Unusual tiredness or drowsiness
- Unexplained weight loss

Myths and Facts about Diabetes

Myth: Borderline diabetes is not serious

Fact: There is no such kind of diabetes as 'borderline.' You either have diabetes or you do not.

Myth: Diabetes is caused by eating too much sugar.

Fact: Sugar does not cause diabetes, but maintaining proper blood sugar levels is critical to controlling the disease. Scientific evidence points to obesity and heredity as causes of diabetes.

Myth: All people with diabetes must take insulin shots.

Fact: The vast majority, 90% of those with diabetes, control the disease with diet, exercise, and oral medication. Only 10% depend on insulin shots.

Myth: Insulin cures diabetes.

Fact: Insulin, along with diet and exercise, controls diabetes, but there is no cure for diabetes.

Myth: All people with diabetes develop heart disease, kidney disease, and blindness.

Fact: Controlling diabetes can help prevent these complications from occurring and enables people with diabetes to live normal and productive lives.

How can I be tested for diabetes?

We offer a simple “finger-stick” blood test to evaluate your blood sugar. The test is BEST DONE after “fasting” (no food or drink for 8 to 10 hours).

Women who should be tested:

- 1) If you have had any history of gestational diabetes (treated with diet only or Insulin that went away after delivery) OR a history of a baby over 9 pounds.
- 2) If you are over 35 years old and you are overweight.
- 3) If you have a family history of diabetes (mother, father, sibling or child has diabetes)
- 4) If you are of a certain ethnic group in which diabetes is more common (African American, Asian American/Pacific Islander, Latino, or Native American).
- 5) If you are a woman over the age of 45, even without the above risk factors.
- 6) If you have hypertension or abnormal cholesterol/blood lipid levels.

Results of fingerstick glucose test:

- | | |
|------------------|--|
| If 99 or less: | Normal, re-test every three years. |
| If 100-109: | Re-test in 6 months and begin to change your diet and exercise patterns. |
| If 110 or above: | You will be referred for further testing. You may have diabetes. |

For more information on diabetes, call the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit the American Diabetes Association at website <http://www.diabetes.org>.



DIAPHRAGMS

What is a diaphragm?

A diaphragm is a soft, thin, dome-shaped rubber cup with a spring around the rim. It is used with a contraceptive jelly or cream which kills sperm. The diaphragm prevents pregnancy by covering the cervix and holding the contraceptive jelly or cream next to the cervix. Diaphragms come in different sizes. A trained health care provider must fit each woman individually.

How effective is the diaphragm?

The diaphragm is 82 to 96% effective. The main reason for the range of effectiveness is that the diaphragm is not used every time the couple has sexual intercourse. When the diaphragm is used correctly every time, it is a very effective method for preventing pregnancies.

Below is a table showing the percentage of women experiencing an unintended pregnancy within the first year of typical use of each of the listed contraceptives, the first year of perfect use, and the percentage of women continuing to use that form of contraceptive at the end of the first year.

Important Facts About Diaphragms

- You or your partner can put in the diaphragm as part of love making. If you want your partner to insert the diaphragm, have him come to the clinic to learn how.
- The diaphragm can be inserted up to six hours before having sex. If it has been in for more than two hours, put in a full applicator of contraceptive jelly or cream just before having sex. Do not remove the diaphragm, but use the plastic applicator to insert jelly or cream outside of the diaphragm in the vagina.
- Do not douche after intercourse. Recent studies have shown that douching may be related to pelvic inflammatory disease.
- The diaphragm does not need to be removed after 6 hours. Some women prefer to leave it in for as much as 16 hours. Additional jelly or cream must be used before each act of intercourse.
- The diaphragm may be more easily moved out of position in the woman is on top during sex or if the man inserts his penis into the vagina from behind.
- You can walk about, take a bath, or use the toilet with the diaphragm in place. It will not fall out or get lost in your body. If you have a bowel movement while the diaphragm is in, check afterwards to make sure that it is still in the proper position.
- If a lubricant is needed to aid the penis in entering the vagina, use the contraceptive jelly or cream. Do not use foam or Vaseline, as these will damage the rubber.

Advantages of the Diaphragm

The diaphragm has other benefits in addition to contraception. The chemical in the jelly or cream that kills sperm has also been found to kill the organisms that cause several sexually transmitted disease, including chlamydia, gonorrhea, and trichomonas. Therefore, women who use diaphragms are less likely to catch these diseases or get pelvic inflammatory disease.

Problems from Diaphragms

- Women who use diaphragms may have an increased risk of urinary tract and vaginal infections. You could ask about using a flat spring diaphragm to decrease the pressure on your urethra. You may also want to consider using another method.
- Men or women may be allergic to the rubber in the diaphragm, the jelly, or the cream. This is very rare, however.
- Women may get a bad smelling discharge if the diaphragm is left in too long.
- There is a slight risk of toxic shock syndrome with use of the diaphragm. If you use it during menstruation, DO NOT leave it in for more than 4 hours.
- Never leave the diaphragm in for more than 24 hours. Watch for the following signs of toxic shock syndrome:
 - Fever (over 101F)
 - Muscle aches
 - Rash (like a sunburn)
 - Diarrhea
 - Vomiting

How to Put in the Diaphragm

1. Empty your bladder. A full bladder makes it harder to fit the diaphragm.
2. Hold the diaphragm with the dome down (like a cup). Place one heaping teaspoon or two strips an inch long of contraceptive jelly or cream into the diaphragm. Spread it around the inside of the diaphragm and on the rim.
3. Stand with one foot propped up, squat, or lie down to put in the diaphragm.
4. Spread the skin folds around the vagina with one hand. With the other hand, put the diaphragm into the vagina by pressing the opposite sides of the rim together so the diaphragm folds. Make sure the contraceptive jelly or cream remains inside. Push the diaphragm in as far back as it will go. Then tuck the front rim tightly behind and against the pubic bone. This is the bone you can feel in the front of your vagina.
5. Check to see if you can feel the tip of the cervix through the rubber cup. The cervix feels like the tip of your nose – round and firm. The contraceptive jelly or cream should be next to your cervix. You may not be able to feel the back rim. Make sure the front rim is behind your pubic bone.
6. If you have sex a second time, leave the diaphragm in place and insert a full applicator of contraceptive jelly or cream outside the diaphragm in the vagina.
7. Wait 6 to 8 hours after ejaculation (release of sperm) before taking the diaphragm out.

How to Remove the Diaphragm

1. Put your finger behind the rim of the diaphragm. Pull down and out. Be careful not to make a hole in the diaphragm with your fingernail.
2. If you find it hard to hook your finger behind the diaphragm, try squatting and push downward with your stomach muscles (as though you were having a bowel

movement). You can also put a finger between the diaphragm and the pubic bone to break the suction of the diaphragm.

How to Care for Your Diaphragm

- After each use, wash the diaphragm with mild soap and water, and rinse it in clean water.
- Dry it thoroughly, especially around the rim.
- Look for holes by holding it up to the light and carefully stretching the rubber with your fingers. If a hole develops, the diaphragm will not protect you.
- Dust the diaphragm with cornstarch to help preserve the rubber. Never use talcum powder or baby powder since these contain oil and will cause the diaphragm to fall apart. If you have problems with yeast infections, rinse the cornstarch off before insertion.
- Place the diaphragm in a dry container away from heat so it will not fall apart.

When to Check Your Diaphragm Size

Have your diaphragm fit checked if:

- You lose or gain more than 10 to 20 pounds
- The diaphragm causes discomfort or pain
- You have a pregnancy (an abortion or full-term pregnancy)
- You have any kind of pelvic surgery



DRUG REACTIONS

ALLERGIC REACTIONS:

The following side effects are dangerous allergic reactions. They can happen right away, within 15 minutes of taking certain medicines. They are rare but they ARE emergencies. You should call 911 if the following danger signs occur:

- Difficulty breathing - You may also feel anxious or agitated
- Itching or swelling in your throat

Less serious side effects can also occur. Call your health care provider if:

- Hives (red blotches) or a rash breaks out anywhere on your body

OTHER POSSIBLE SIDE EFFECTS FROM COMMON MEDICATIONS:

- ∂ **AZITHROMYCIN:** This antibiotic is often given in one dose. Side effects are rare. If side effects are present, they are usually mixed and can include diarrhea and nausea.
- ∂ **CEFIXIME:** There are usually no side effects from this antibiotic. If side effects are present, they are usually mild and can include diarrhea, abdominal cramps, and gas.
- ∂ **CEFTRIAXONE:** This is an antibiotic to treat infection. It is given by a shot. There are usually no side effects other than soreness where the shot was given.
- ∂ **DOXYCYCLINE:** This antibiotic is used to treat or prevent infections. **Do not take it if you are allergic to tetracycline or if you are pregnant or breastfeeding.** While taking this drug, you are more sensitive to the sun. **Avoid being out in direct sun or using tanning booths while taking this drug.** The most common side effects from this drug are upset stomach, vomiting, and diarrhea. Take the medication with food or immediately after a meal.

- ∂ **IBUPROFEN OR NAPROXEN:** This drug decreases the chemicals of inflammation and can decrease period bleeding or cramps. It is related to aspirin. It is common to experience some nausea or upset stomach especially if taken on an empty stomach.
- ∂ **METRONIDAZOLE:** This antibiotic is used to treat infections. The most common side effects while taking this drug are nausea, loss of appetite, vomiting, diarrhea, headache, and a metallic taste in the mouth. This drug can interact with alcohol and cause severe nausea and vomiting. **Do not drink alcohol while taking this drug.**

TRIMETHOPRIM/SULFAMETHOXAZOLE, DOUBLE STRENGTH (TMS/DS): This drug (antibiotic) is used to treat infections. **It should not be taken by anyone allergic to sulfa drugs, or if you have liver or kidney disease or severe asthma. It should not be taken in the first three months or last few weeks of pregnancy or during the first two months of breastfeeding.** Drink 1 to 2 full glasses of water each time you take a tablet. Dangerous side effects to this drug are rare. Stop taking this medicine and call the clinic if you get a rash, joint pains, severe headache, or dizziness. This drug can cause nausea, vomiting, diarrhea. Take it with food or immediately after a meal.



FEMININE HYGIENE

Vaginal Discharge and Odor

The vagina is like the mouth, it is supposed to be moist and lubricated. The vagina produces a small amount (1/2 to 1 tablespoon) of fluid each day. This fluid keeps the vagina healthy. It can increase during ovulation when estrogen is high and the egg cell is released. The week before your period the discharge may be more noticeable. The color can be white and sticky, thicker, and sometimes appear light yellow on your underwear.

If you place a clean finger in your vagina, you can smell the discharge or vaginal fluid. It has a faint sweet smell; after sex, semen can temporarily change the odor to fishy, but a persistent bad or fishy odor inside the vagina or of the vaginal discharge is abnormal. The vulva, the outside part of the genitals, has sweat glands which make sweat and odor similar to the armpit.

Keeping Clean

Do not douche. Douching is when liquids are washed into the vagina. The vagina makes fluid or discharge to protect itself naturally, and douching can kill good bacteria and lead to vaginal infection. Douche often contains chemicals that are bad for the vagina. Even water and vinegar can wash out good bacteria or introduce bad bacteria.

Avoid using feminine hygiene sprays, wipes, or powders. These chemicals can cause irritation and burning. They do not keep you any cleaner or fresher. For the same reason, avoid scented tampons, sanitary napkins, and panty liners. Powders are unnecessary, but if you must use one, cornstarch may be the least irritating.

Always wipe gently from the front to the back of the genitals after passing urine, bowel movements, sex, or during your period bleeding. This helps prevent spreading bacteria from the anus to the vagina or urethra. Use unscented toilet paper because the chemicals used for color and scent can be irritating to the skin. Sometimes even toilet paper can hurt and instead sit on the toilet and use a cup of water and your hand to gently wash (no soap is needed for the vulva) your genitals, dry with a soft cloth and then wash your hands with soap.

If your genital area is sensitive to cleansing products like soap or bubble bath, you could try a baby shampoo (Tearless), or use only water. Taking showers instead of baths may help because you are not sitting in soapy water. When you bathe, rinse off the genital area with fresh water.

There are risks to cutting genital hairs short or shaving the genital area. Shaving can cause ingrown hairs, rashes, irritation, nicks to the skin that can increase the risk of infection, and itching. Hair that has been cut or shaved can be like bristles or stubble like and cause itching and rashes. If you must remove your genital hair, waxing is less likely to result in infections,

cuts, and bristles. Some cultures and religions require the shaving of genital hair, but throughout most of the world and history, genital hair has been allowed to grow and genital hair is a sign of sexual maturity.

Clothing

After bathing, make sure your skin is dry before dressing. Moisture can increase discomfort and irritation. Wear loose, 100% cotton underwear. Wear loose clothing and avoid nylons, synthetic, or tight clothing that trap moisture around the vulva. This creates an ideal situation for irritation and yeast or bacterial growth. Tight pants often have seams that rub and irritate the genital area. Loose clothing allows air to get to the vulva. Do not wear underwear for sleeping. Underwear prevents fresh air, blocks the vaginal opening, and has been associated with bacterial vaginosis (a common cause of abnormal vaginal discharge). For centuries, and even now all around the world, many women often wear skirts with very loose undergarments like bloomers, a type of loose short, and many may wear no underwear. In the U.S., underwear was only invented in the last 100 years to hold menstrual pads in place.

Sexual Activity

The vagina gets wet and more relaxed with excitement or foreplay. This is an indication that you are ready for sex, similar to a man's erection. With arousal, the vaginal tissues get engorged and more sensitive because of extra blood flow to the area. If you need extra lubrication during sexual intercourse, use an unscented water-based lubricant. Avoid lubricant with scents, antibacterial agents, or detergents. If you use silicone sex toys, avoid using lubricants that contain silicone, as these can damage the toy. Some lubricants are specifically made for intercourse like Slippery Stuff® or Replens®. Do not use oil-based lubricants, such as Vaseline® or petroleum jelly if you are using latex products like condoms and diaphragms. Sometimes a vegetable oil can be the best lubricant for sex (but you can not use this with a latex condom or it will break the condom).

Anal intercourse can traumatize the anus and introduce stool bacteria to the genital area. Do not put the penis in the vagina after anal sex unless it is washed with soap and water first. Sometimes even oral-genital sex can be irritating. Avoid oral-genital sex if you or your partner has a cold sores on the lip. You can get genital herpes from a cold sore. Urinating after sex helps flush out any bacteria that might have gotten into the urethra and can prevent bladder infections. Semen has a high pH (like a chemical) and it can be irritating to some women. Rinsing out the semen from the vagina with water using your fingers after sex may help prevent irritation.

Problems

Sometimes the vulva can feel irritated. Do not scratch. Fingernails cause injury to the delicate skin and can make the problems worse. Some women scratch at night when they are sleeping. Cut your fingernails short or wear socks on your hands when sleeping to prevent scratching. You could take an antihistamine pill (Benadryl® 25 to 50 mg) at night to help you sleep deeper and prevent itching. If you feel a desperate need to scratch, you could try an ice cube to numb the area briefly, a lukewarm bath, or a cold moist washcloth. Anhydrous lanolin, A and D®, or Desitin® ointment for a day or two can be soothing to the area and because it is very sticky, prevent further rubbing and scratching. If you have persistent itching, odor, pain, frequent or painful urination, sores, or unusual discharge around the vulva, call your health care provider for an appointment. There are many things that can cause these problems. You will usually need an examination and lab test to find the cause and best treatment.



ARE YOU GETTING ENOUGH FIBER?

Usually, ingredients in foods that are good for you are absorbed and used by your body to function properly and keep you healthy. Fiber, an important part of a healthy diet, is different. Although fiber is not absorbed and passes through the digestive system largely intact, it is a very important part of good digestive health and protects against other serious diseases, such as heart disease and cancer. Fiber is found only in plant foods, such as whole grains, fruits, vegetables, beans, nuts, and seeds.

What is fiber?

Fiber is the component of plants (such as fruits, vegetables, and grains) that the body does not digest. There are 2 types of dietary fiber - **soluble**, which forms a gel when mixed with liquid, and **insoluble**, which does not. Foods high in soluble fiber include oat bran, oatmeal, beans, peas, rice bran, barley, and citrus fruits. Foods high in insoluble fiber include whole-wheat breads, wheat cereals, wheat bran, rye, whole-grain rice, barley, cabbage, carrots, and Brussels sprouts.

How to eat more fiber:

- To get adequate fiber in your diet, follow the U.S. Department of Agriculture's Food Guide Pyramid, which recommends eating 2 to 4 servings of fruit, 3 to 5 servings of vegetables, and 6 to 11 servings of cereal and grain foods every day!
- Begin your day by eating a whole-grain cereal that contains at least 5 grams of fiber per serving.
- Try to eat vegetables raw as much as possible because cooking may reduce fiber content.
- Try not to peel fruits (such as apples and pears) and vegetables (such as carrots or cucumbers), because much of the fiber is found in the skin.
- Add beans to soups, stews and salads.
- Eat fresh and dried fruits as snacks.
- Read food labels for fiber content.
- **Summary:** 2 to 4 servings of fruits
3 to 5 servings of vegetables

6 to 11 servings of cereal and grain foods.

How much do you need?

The recommended daily intake of fiber is 20 to 35 grams each day. For example, a 1/2 - cup serving of bran flake cereal has 5.5 grams and an unpeeled pear has 4.5 grams of fiber. This amount of daily fiber intake should come from foods high in fiber, rather than diet supplements.

What does it do?

Both soluble and insoluble fibers are an important part of a healthy diet because they help normal bowel function and maintain regularity. In addition, soluble fiber, when part of a diet low in saturated fat and cholesterol, has been associated with a reduced risk of certain cancers, diabetes, digestive disorders, and heart disease.

For more information:

- American Dietetic Association Consumer Nutrition Hot Line 800/366-1655 or www.eatright.org
- American Heart Association 800/AHA-USA1 or www.americanheart.org
- U.S. Department of Agriculture Center for Nutrition Policy and Promotion *Food Guide Pyramid* 800/687-2258 or www.usda.gov/cnpp

Getting Fit

1. Deciding you want to get fit and believing you can reach this goal is the first step.
2. Accept that it will take time, maybe years, but it will be worth it.
3. Diets alone don't work because they limit your caloric intake, which results in starvation and you could lose muscle, and actually store additional fat. Instead, consider these tips:
 - Use smaller plates to eat smaller portions.
 - When you eat, sit down. Eat slowly, this allows time for the food to get to the intestines and to signal properly when you are full. If you eat too fast your body does not have a chance to tell you that it has already had enough.
 - Eat only at meals – if you do not have 4-6 hours between meals your body will not burn fat.
 - Do not snack.
 - If you must snack, eat foods like carrots, celery, fruit, nuts, or other healthy foods.
 - Do not drink soda pop or sweet drinks; one can of soda a day can give you 15 pounds a year of calories. Drink water!
 - Eat what satisfies your hunger.
 - If eating an egg, bacon, and fruit at breakfast then allows you to go until lunch without eating. then that is better than a high carbohydrate meal.
 - Starchy and sugary foods can drive your blood sugar up, it then falls, and you are so hungry you then snack or you eat too much at the next meal.
 - Alcohol has no nutrition and drinking too much can keep you from losing weight.
4. Activity is the key to long-term health and fitness.
 - Aerobic exercise builds strength, burns calories, and replaces fat with lean muscle which burns calories even when you sleep. Watching TV has been associated with obesity.
 - Do exercise every day for a minimum of 30 minutes. A brisk walk counts! Get outside.
 - Getting enough sleep prevents stress which can trigger carbohydrate craving and overeating.
5. If you have a medical diagnosis such as hypertension or diabetes as well as obesity (means you are >100 pounds over ideal body weight), you may qualify for a medical dietary consult at a clinic.
6. Support programs which may be able to help are:
 - **Weight Watchers**
1-800-562-6962
 - **Overeaters Anonymous**
24-hour help/information line: 206-264-5045
7. Also, here are two helpful books to read:

<ul style="list-style-type: none">• The New Fit or Fat By Covert Bailey Houghton Mifflin, Boston 1991	<ul style="list-style-type: none">• Stop the Insanity By Susan Powter Simon & Schuster 1995
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Information about the HPV Infection and Your Pap

What is HPV?

HPV (human papillomavirus) or the “wart virus” is a virus that infects skin cells. There are many different types of HPV. Some types cause warts in the genital region, and some types cause warts on other parts of the body, such as the fingers. Many people infected with HPV do not know they have it because often there are no visible signs of HPV infection.

There are many types of HPV or “wart virus” that cause genital infection. HPV found on the genitals usually does not infect other parts of the body. You can become infected with more than one type of HPV and having one type of HPV will not protect you against other types of HPV in the future.

How do I get it?

Between 40 and 80% of sexually active adults have been infected with a genital type of HPV. People usually get exposed to the virus through skin to skin contact during sexual activity and that includes intercourse or even just touching the genitals. In rare instances, transmission of the virus may occur from nonsexual contact.

HPV is the most common STD in the United States. HPV is easily transmitted because most people who are infected with it do not know they have it.

How long will I have it?

We know HPV may be found by DNA tests beginning as early as a month after a person has caught the virus from someone. The virus may then continue to shed by the genital skin for 1 to 2 years. Often the virus then “disappears” and may not be detectable on subsequent DNA testing. However, it is possible that the virus will remain present forever in the genital skin at very low levels.

How about my partner?

Persons with HPV infection are potentially infectious to their sex partners. HPV has been linked to certain health problems in men like cancer of the penis. The risk of this is very small, much smaller than the risk of cancer of the cervix in women. If your partner does not have any genital symptoms or warts, usually there is no need for him to see a health care provider. Many men and women have HPV infection and most do not know they have it. It is usually not possible to determine who caught the virus from whom.

Risk of Cervical Cancer

Certain HPV types have been linked to abnormal Pap tests and can increase the risk of developing cervical cancer later in life. Other HPV types cause genital warts and may cause abnormal Pap tests, but are not associated with the development of cervical cancer later in life.

The HPV types that are associated with the highest risk of developing cancer later in life are HPV type 16 and HPV type 18. Other types, specifically HPV type 6 and type 11, are not associated with the later development of cervical cancer. Still others, like HPV type 31, cause a small but definite increased risk for developing cervical cancer later in life. Even in women with a high risk HPV type however, only a small percent will progress to cervical cancer. Presently there is no way of predicting whether certain individuals with HPV infection will develop cancer later.

Follow-up

There is no effective treatment against the virus at this time. In most cases the infection goes away on its own. There is some evidence that quitting the use of tobacco products can help your immune system to get rid of the virus.

Even though someone may have an infection with an HPV type that may increase the risk of cancer, it is important to remember that very few women actually develop serious abnormal cervical cells from HPV. Regular cervical cytology (the “Pap Test”) can detect early signs of abnormal cells and early treatment will prevent later development of actual cancer.

Regular pap test are important to any women’s health. Pap testing should be every year beginning at age 21 or earlier if sexual activity is begun earlier. It is important to begin to get pap tests by 3 years after starting sexual activity. If a woman knows she was infected with certain high risk HPV types (for example, types 16, 18, or 31) or has a history of cervical precancer or treatment then she needs pap testing every year, at least.

Prevention

In general, we recommend that condoms be used with all new sexual partners, especially casual sexual partners. Condom use can greatly reduce the spread of genital bacterial infections like chlamydia and gonorrhea but they are less effective in preventing HPV infection. This is probably because the condom does not cover all the genital skin and often during foreplay there can be touching of the genitals. Someday there will be a vaccine to prevent HPV infection.

Do I need treatment?

Not unless you have precancer of the cervix that needs treatment or external genital warts that are causing you discomfort.



Family Planning Program How We Get the Iron We Need

- Iron is found in many foods, but in small amounts. It can be hard for some people to get enough iron from the foods they like to eat. Eating **iron-rich foods** and **vitamin C foods** in the same meal helps the body absorb the iron.
- Eating iron rich food **everyday** can help prevent iron deficiency anemia.
- Cooking food in a **cast iron pot or pan** is a safe, easy way to add iron to your diet.
- Get more iron from greens such as spinach, kale and collard greens by eating the liquid you cook them in.
- Tea, coffee and soft drinks reduce the amount of iron you get from food. Drink less of them with meals.
- Babies get the iron they need from breast milk or iron fortified formula. Cow's milk is not a good source of iron.

The two most important things that the body needs to make blood are protein and iron. Vitamin C helps the body use iron. At the same time, the body needs protein for other reasons: building muscles and repairing old and injured parts of the body. Vitamin C has several important functions in the body, such as helping to form bones and teeth and healthy skin and tissue. Vitamin C also plays a significant role in wound healing and maintaining strong blood vessels.

Since our bodies do not make Vitamin C, we must eat foods, which provide us with it. It's a good idea to eat foods with Vitamin C every day.

Iron Rich Foods

Foods from animals:

- Liver: beef, pork, lamb, chicken
- Meat: beef, pork, lamb, veal, chicken, turkey, fish
- Eggs

Foods from plants

- Grains: iron-enriched baby cereals, iron-enriched breakfast cereals, enriched bread, whole wheat bread
- Dark green leafy vegetables: spinach, chard, collards, kale, turnip greens, mustard greens, beet greens, broccoli
- Dried fruits: apricot, prunes, raisins
- Dried beans: lima beans, navy beans, red beans, white beans, kidney beans and other dried beans
- Dried peas: split peas, cowpeas, black-eyed peas, green peas, lentils and other dried peas
- Nuts: almonds, Brazil nuts, cashews, walnuts, peanuts and peanut butter
- Molasses

Vitamin C Rich Foods (*Indicates a very good source)

asparagus	greens (collard, kale)	*pineapple
avocado	beets, mustard	*potatoes
*broccoli	lemon or lemon juice	spinach
*brussels spouts	lima beans	squash
*cabbage, raw	mangos	*strawberries
*cantaloupe	*orange or orange juice	*tomato or tomato juice
*cauliflower	*papaya	turnips
*grapefruit or grapefruit juice	peas	
*green pepper		



Intrauterine Device (IUD)

What is an IUD?

An IUD (Intrauterine Device) is a small piece of plastic, with copper or progestin added to make it more effective. It is put inside the uterus to prevent pregnancy. Only a trained health care provider can insert it. The IUD plastic is flexible and T-shaped, about one inch tall and one inch wide. The copper IUD provides birth control protection for up to 10 years and progestin IUD provides birth control for up to 5 years. In order to have an IUD inserted, you will need to read and sign a special consent form.

How effective is the IUD?

The IUD is over 99% effective if it is in place. The IUD releases copper or progestin, which interferes with sperm entry to the uterus, transport, and fertilization. Unlike the birth control pill, IUDs do not prevent ovulation although in some women the progestin IUD can decrease ovulation.

Who can use an IUD?

The IUD is best for women who have had children. Women who have not had children can have a higher risk for pelvic inflammatory disease (PID). Women get PID from sexually transmitted infectious like chlamydia. PID can scar the fallopian tubes and make some women infertile (unable to have babies).

Some women cannot use an IUD because of certain medical conditions. That is why a complete medical history is taken and a pelvic exam is done before you have an IUD put in. If you have any of the following conditions, you should not use an IUD:

- Current pregnancy
- Current infection in the uterus, tubes, and/or ovaries
- Abnormal size or shape to your uterus (measured by the health care provider)
- Cancer of the uterus
- An allergy to copper or you cannot use the progestin hormone levonorgestrel

Advantages of the IUD

With an IUD there is nothing you have to do except check your string at least once a month to make sure it is in place. It is as effective as sterilization, but is reversible.

Problems

There are some serious problems, which are rare, but important to know about. You can get a serious infection in your uterus, or the procedure to put in the IUD could put a hole in your uterus. If you have any of the following danger signs, call the clinic right away:

- Abdominal pain – deep pain when having sex or abnormal cramps
- Increased temperature, fever, chills, feel ill
- Not normal, bad smelling discharge from your vagina
- Spotting or bleeding between periods, heavy periods, blood clots, or any change in the period

Any of the above symptoms may mean that you are developing a serious problem. Do not ignore these symptoms or wait to see if they go away. If the clinic is closed and you think you might have a serious infection or problem, go to the closest emergency room.

Period Changes

When you first get your IUD, you may have spotting for a month after it is put in. The copper IUD (T380A) can increase the amount and days of bleeding during your periods. The progestin IUD (Mirena) will cause irregular bleeding and spotting the first 6 months and then this will gradually decrease by one year and 20% of women (one in five) may have no period and many may have only 1 to 2 days of a light period bleeding by one year of use. You can use tampons with an IUD.

How is an IUD put in?

The IUD can be put into your uterus anytime when you are sure you are not pregnant. First, the provider examines and measures your uterus. Then the IUD is put inside a thin plastic applicator tube. The tube is put through your cervical opening and into your uterus. The tube is removed and the arms of the IUD unfold inside the uterus. The strings attached to the IUD are cut short. The applicator tube and extra string are removed.

Most women feel discomfort or cramping when they get an IUD put in. It is possible you might even have heavy cramping or feel nauseated. Be sure and eat before your visit and you could take some aspirin or ibuprofen before the procedure. Taking deep breaths to help yourself relax will relieve some of the discomfort. If you feel very uncomfortable after the IUD is put in, tell your provider before you leave the clinic.

What if I get pregnant with an IUD in place?

If you become pregnant while using an IUD, you should have it taken out. There is risk that removing the IUD will cause a miscarriage. If the IUD is left in, you have greater risk of miscarriage and you may also develop a serious infection in your uterus which could cause premature birth and problems for the baby.

If you miss a menstrual period with the copper IUD or feel pregnant while using the IUD, call the clinic right away to get a pregnancy test. If you get pregnant with an IUD in place, there is a 30 to 50% risk the pregnancy is ectopic (in the tubes) and this is a serious problem which could need emergency surgery or treatment.

You can reduce your risk of getting pregnant while using an IUD. Check for the strings at least once a month to make sure the IUD is in place. Because 2 to 5% of IUDs can be expelled or lost especially in the first year of use, call your clinic if you experience pain, a change in bleeding, or you cannot feel the strings or you think the strings have changed.

How do I check my strings?

Your provider will help you learn how to feel for your strings at the time of insertion. The strings can only be felt by putting your finger into your vagina, they are usually about 1 inch long and come out of your cervix, brush your finger against them but do not pull on them. For the first few months you should check your strings every week. Later you should check them at least once a month.

If you cannot feel your strings, or they feel shorter or longer, or you feel the plastic frame, call the clinic to make an appointment to be checked. Do not pull on the strings. If you think your strings are too long or if they bother your partner during sex, ask the clinic provider to cut the strings shorter.

What if I want to stop using the IUD?

Removal of the IUD is usually very simple. During a pelvic exam, your provider pulls the IUD out by the strings using an instrument. Your fertility returns immediately and unless you want to be pregnant, you should use another contraceptive method. If you want to get pregnant, it is advised that you wait

one menstrual cycle. At age 50 or at menopause, it is recommended that the IUD be removed unless you are choosing to use the progestin IUD as part of menopausal hormone replacement.



LIPID PROFILE RESULTS: WHAT DO THEY MEAN?

Listed below are the results for your lipid test. The purpose of Lipid screening is to evaluate your risk for cardiovascular disease and to provide you with useful information.

CHOLESTEROL

Total Cholesterol Level: _____ HDL: _____ LDL: _____ Triglycerides: _____

	<u>Total Cholesterol</u>	<u>HDL</u>	<u>LDL</u>	<u>Triglycerides</u>
Optimal	Under 180	Above 60	Under 100	Under 200
Desirable	Under 200	---	Under 130	Under 300
Borderline	200-239	---	130-159	300-400
Needs Improvement	Over 240	Below 40	Over 160	>400

What Your Score Means

Optimal: Exceeds the 'desirable' or recommended range. If you currently exercise 3 to 5 days per week and maintain a low fat diet – Congratulations! Keep up the good work. If you do not, keep in mind that there a variety of benefits to regular exercise and a low fat diet.

Desirable: Maintain a low fat diet and a regular exercise routine. Have your cholesterol checked again in another 5 years.

Borderline: Assess your current diet and exercise plan for improvements, if you have not been doing so already. Consider any other risk factors for heart disease, such as: high blood pressure, smoking, diabetes, obesity, and family history.

Needs Improvement: See you health care provider to determine if you need medications to lower your cholesterol and if you have any other heart disease risk factors.

What Is Cholesterol?

Cholesterol is a fatty, waxy substance found in foods of animal origin, including meat, poultry, eggs, and dairy products. We acquire cholesterol from food and through our body's natural production. It is used to make cell walls, bile acids, and some hormones.

What Are Triglycerides?

Triglycerides are lipids (fats) that are normally present in the blood and are used in producing energy for the body. Excess triglycerides are stored in fat. Calories ingested in a meal, and not used immediately by tissues, are converted to triglycerides and transported to fat cells to be stored.

How to Lower Total Cholesterol & Increase HDL Cholesterol

Limit your dietary fats. Avoid saturated fats (solid at room temperature and come from animal sources). Include more water-soluble fiber in your diet (oat bran, vegetables, fruits, legumes, and soy beans). Decrease your alcohol consumption. Get regular exercise (3 to 5 days per week such as walking, swimming, biking, jogging, etc.). If you are overweight, work to achieve and maintain a healthy weight. If you smoke, QUIT.



LUNELLE

What exactly is Lunelle?

The Lunelle Monthly Contraceptive Injection contains a medroxyprogesterone acetate and estradiol cypionate injectable suspension. Lunelle is given as an injection in your arm, thigh, or buttock once a month by your health care professional.

How effective is Lunelle?

Lunelle is as effective as the Pill. When you receive your injection each month on time, Lunelle gives you over 99% protection against pregnancy, which means if 100 women use Lunelle, only one woman will become pregnant in the first year of use. You are protected the moment you get your first injection – if you get it within the first 5 days of your period.

If Lunelle is monthly, do I have to get it exactly the same day each month?

As long as you get your injection is within 28 to 30 days of your last injection, and no later than 33 days after your last injection, you will be protected from pregnancy for the entire month. It may be helpful to remember if you make your shot appointment on the same day of every month.

Who should not take Lunelle?

Pregnant women, women who think they may be pregnant, or women with blood clots, chest pains, certain cancers, unexplained vaginal bleeding, or a history of liver disease, stroke, or heart attacks should not take Lunelle. Women over 35 who smoke 15 or more cigarettes a day should also not take Lunelle.

Are there any risks involved in taking hormonal contraceptives?

The use of any hormonal birth control containing estrogen can increase the risk of serious side effects that can be life threatening including blood clots, stroke, and heart attack. Smoking increases these risks, especially if you are over 35 and smoke 15 or more cigarettes a day.

Does Lunelle protect against STDs?

Just like all hormonal contraceptives, Lunelle does not protect against HIV/AIDS and other sexually transmitted diseases. Only latex condoms can help protect you.

What about side effects?

During the first few months of taking Lunelle, most women will have a change in their periods, which may include no bleeding, irregular bleeding, or spotting. If this continues or is serious, discuss it with your clinic. For most women, a monthly period will return. Many women may gain weight while taking Lunelle. In clinical studies, women generally gained an average of 4

pounds during the first year. Generally, most side effects are not serious. It is important, though, to talk with your clinic if the side effects bother you.

What about when I want to get pregnant?

Upon stopping Lunelle shots, most women start ovulating (making an egg or having regular periods) 2 to 3 months after their last injection. Some women start ovulating with the very next cycle. It varies from woman to woman, so you need to be prepared immediately for the possibility of pregnancy.

Other information

You can sign up for a monthly email reminder by visiting the Lunelle website at <http://eminder.lunelle.com>.



Menstrual Products

Pads are worn on the outside of your genitals to collect menstrual blood. The pad is usually attached to underwear with tape or a belt is worn.

Tampons are inserted inside the vagina to collect menstrual blood. Tampons will not break your hymen or take away virginity. Tampons can be more comfortable than a pad. Avoid using tampons or pads for only light spotting. They can be irritating and a dry tampon can be very painful to pull out of the vagina. Sometimes after childbirth, the opening to the uterus (cervix) is lower in the vagina and if the tampon does not collect menstrual blood as well, a menstrual cup device might work better.

How to use tampons:

- Wash your hands with soap and water before inserting a tampon.
- Push the tampon towards the small of your back as far as it will go comfortably.
- Be careful when you wipe after using the bathroom to avoid getting the string of the tampon near your anus.
- Avoid using tampons when your flow is very light. Removing a dry tampon can irritate or damage your vagina.
- If your flow is heavy, you can use more than one tampon at a time. Insert the first one part way, then insert another alongside it, then push both in fully.

To reduce your risk for toxic shock syndrome:

- Use the lowest absorbency tampon needed to manage your flow
- Change your tampon at least every 8 hours
- Discontinue tampon use and go to the hospital if you develop a high fever, vomiting, diarrhea, smelly or yellow, and/or rash that looks like a sunburn

The **Menstrual Cup Device, Instead®**. Menstrual blood collection devices like Instead® or cups are inserted into your vagina to cover the cervix where the blood comes from and can be used for 12 hours to collect the blood. Be careful when removing the device as the blood can spill. The blood collects in the soft vinyl cup and then you remove it at least once a day. It is best to use a new cup each time and dispose of the old one in the trash not the toilet. Some women reuse these cups and if this is done it is important to wash cup with soap and water.



The Contraceptive Patch

What exactly is the Patch?

The Patch (OrthoEvra) is a transdermal contraceptive system or more simply a 2-inch by 2-inch plastic patch that sticks to your skin. The Patch releases a progestin (norelgestromin) and an estrogen like a pill. The Patch is worn for 7 days and then changed for a new Patch. After 3 weeks (3 patches) you then have a patch free week to have a period.

How effective is the Patch?

The Patch is as effective as the Pill. The Patch prevents the release of an egg and makes it hard for sperm to enter the uterus. When you wear your Patch each week, with a new one used every 7 days, then the Patch gives you over 99% protection against pregnancy. You are protected the moment you put on your Patch – if you put it on the first day of your period. Otherwise, use protection for the first 7 days. Women weighing 198 pounds or more have a much higher risk of pregnancy (8%) with the Patch and should choose another method.

If the Patch is weekly, do I have to put it on exactly the same day each week?

Yes, this is the best habit. But if you are 1 to 2 days late you are still protected as long as you put the new Patch on right away and wear the new one for the full 7 days. Never go more than 7 days without a patch.

How is the Patch used?

The Patch can be put on the upper arm torso (back), buttock or lower abdomen (never the breasts). Make sure the skin is clean and dry to the touch and avoid any oil or lotion in that area or the Patch won't stick. Press the patch to the skin firmly for 10 seconds. Do not write on or color the patch it might make it less effective. Wear the Patch for 7 days. After removing the Patch you can clean off the adhesive with mineral oil if you wish. Fold the old Patch in half (sticky side stuck to sticky side) and throw in the trash not into the water system or toilet. Put the new Patch on a different place on your skin. If you notice a rash or skin irritation you might have to stop using the Patch and should consult your clinic. Bathing, showering, swimming, exercise, or humid weather should not affect the Patch.

What happens if the Patch comes off or gets loose?

The Patch must be completely stuck on your skin for it to work and if even an edge is loose it must be replaced with a new Patch within 1 to 2 days. Check your patch every day to make sure it is firmly attached.

Who should not use the Patch?

Women who think they may be pregnant, or women with blood clots, chest pains, certain cancers, unexplained vaginal bleeding, or a history of liver disease, stroke, or heart attacks should not use the Patch. Women weighing 198 pounds have a much higher risk of pregnancy (8%) with the Patch and should choose another method. If a woman wants to skip her periods then the Patch should not be chosen because you only get 3 patches a month and the amount of estrogen is too high for daily or continuous use. Just like all hormonal contraceptives, the Patch does not protect against HIV/AIDS and other sexually transmitted diseases. Only abstinence, female condom, or the male condom can help protect you.

What about side effects?

During the first few months of using the Patch, most women will have a change in their periods, which may include no bleeding, irregular bleeding, or spotting. If this continues or is serious, discuss it with your clinic. Many women reported breast tenderness or nausea with the Patch, sometimes worse than with the pill, but usually these problems get better after 3 months. It is important to call or see your clinic before stopping the Patch, they might be able to help make it better.

What about when I want to get pregnant?

Upon stopping the Patch, most women start ovulating (making an egg or having regular periods) soon after stopping the Patch. Some women start ovulating with the very next cycle before even having a period, so you need to be prepared immediately for the possibility of pregnancy.

Post Procedure Contraceptive Implant Insertion or Removal Handout

TODAY AFTER THE IMPLANT SYSTEM HAS BEEN INSERTED AND/OR REMOVED:

- Keep the pressure bandage dry and on your arm for 24-48 hours. You may take a tub bath but keep the bandage dry.
- Avoid trauma to your arm, strenuous arm exercise, and lifting more than 10 pounds.
- When the anesthetic wears off in 2-3 hours, your arm will ache like a muscle bruise or cramp. Tylenol, aspirin, or ibuprofen can help. An ice pack will also reduce swelling. Make sure the ice is wrapped so the bandage stays dry.

WHAT TO EXPECT AFTER THE FIRST DAY:

- Swelling, aching, soreness and bruising are all normal after the procedure.
- Discoloration may last up to ten days. Soreness is common for two weeks so you should be careful when you use that arm.
- Expect tenderness with motion or pressure for 10 to 30 days.
- Expect skin sensitivity to touch or clothing for six weeks.

CARE OF THE IMPLANT SYSTEM INSERTION OR REMOVAL SITE:

After taking the pressure bandage off in 24 hours, you will see the tapes to hold the skin closed (steri-strips). These should stay on for 3-5 days. You may shower and gently wash that arm but try not to rub the steri-strips off. When you get out of the shower blot them dry so they stay in place. The steri-strips should fall off by themselves. If they do not, you should remove them after a week. Usually the steri-strips fall off when the skin has healed. If there is still a scab, you might want to put a clean bandaid on every day if the area is sensitive to touch. Usually, however, the scab heals quicker if left open to air.

COMMON SIDE EFFECTS

It is common to experience irregular menstrual bleeding. This may improve with time although your periods may remain light but irregular. One in 5 women may skip their period bleeding while using implants. The risk of pregnancy is 1 in 500 with implants but if you think you are pregnant get a pregnancy test. REMEMBER it is important to use another method of birth control for the first 7 days of the implant to prevent getting pregnant before the implant hormones are fully working.

WARNING SIGNS:

If you experience any of the following, call your clinic. If the situation is getting worse, then go to a nearby emergency room.

- Increased swelling, redness, fever, or pain in the arm.
- Pus coming from the insertion or removal site.
- Implant coming out of the insertion site (expulsion).



PREGNANCY OPTIONS

Do you think you might be pregnant? Have you had sexual intercourse since your last period? Have you missed your period, been experiencing nausea or vomiting, or felt dizzy or tired? You may also be spotting or urinating more than usual. These can all be early signs of pregnancy. If you are having any of these symptoms you may want to get a pregnancy test. Even if it is the first time you had sex, you can still get pregnant. You can even get pregnant if you haven't had your very first period.

Get the Test

If you think you might be pregnant, you should get a pregnancy test. There are three ways to get a pregnancy test.

1. A lab test done by a health care provider to check for the pregnancy hormone in your urine or blood
2. A pelvic exam by a health care provider to check for any changes in the size of your uterus or changes in the color or softness of your cervix.
3. A home pregnancy test purchased in your local drug store. These tests are fairly good and are easy to use, but you should have a health care provider confirm your pregnancy just to be sure.

Don't wait to find out if you are pregnant. Early detection will offer you the time to make the decisions that are best for you.

Your Choices

If You Decide to Keep the Baby

Good care for yourself and the developing fetus is important soon after conception. Avoid using any drugs, alcohol, and smoking cigarettes because they can be harmful to the developing fetus. Prescription drugs and ones you can buy at the drugstore should be checked by a health care provider to see if they will harm the fetus. Even aspirin can be harmful.

If you are under 16 or over 40 years old, or have health problems like diabetes, kidney disease, or high blood pressure, pregnancy could put you at risk. You may need special care.

Your relationship with the father, your health, and your emotional and financial resources are all affected by having a child. Decisions about these concerns and getting married or single parenthood are important. There are resources for financial, medical, and counseling assistance. Call the Community Information Line (206-461-

3200), Community Obstetric Referral Line (206-284-5291), Public Health of Seattle-King County (206-296-4600), or Planned Parenthood (206-328-7700). These are just a few of the many resources available to you.

Adoption

A woman may choose to continue the pregnancy and place the child for adoption. There are many couples looking for a baby to adopt. Adoption agencies are available in King County. Look under 'Adoption' in your local phone book or 'Family Planning Services' for more information. Some agencies provide financial and medical assistance during pregnancy and birth.

In King County, both birth parents of the newborn have the same rights and they both need to sign papers for consent of the adoption. In some cases, the father is not known and a special legal procedure is required to cover for the father's signature. This procedure is not common. Also, open adoption where you can select the adoptive family is possible.

Abortion

You may choose to end the pregnancy with an abortion. Abortion is much easier and safer if done early in the pregnancy (7 to 11 weeks). An early abortion is done in a clinic or doctor's office. It takes about a half hour, with about one hour of recovery time. Abortion requires minor surgery, so there is a slight chance of a problem. But it is safer than getting a shot of penicillin or continuing the pregnancy.

Information about abortion services is available from your health care provider. The price and procedure of the abortion will depend on the stage of the pregnancy.

Cost

In Washington State, medical coupons pay for abortion as well as prenatal care. In adoption, costs are often covered by the adoptive parents.

If the Test Is Positive

Do you want to be pregnant? Depending on your situation, you may want to be pregnant, or you may be faced with an unintended pregnancy.

You may have mixed feeling about being pregnant. Parenthood is a big responsibility. Discussing it with someone you trust can help you sort out your feelings. You might want to share your thoughts and feelings with your partner, parents, close relatives, or a good friend. There are also family agencies, health organizations, social workers, and community counselors available for you to call. They can help you understand all of your choices. If you need special care, they can direct you to the best place for you. Don't panic and take immediate action before exploring all of your choices, but also don't ignore the fact that you are pregnant.

If the Test Is Negative

If you are not pregnant but had a close call, don't risk another pregnancy until you are ready to be a parent. It is your choice whether or not to have sexual intercourse. If you decide to have sex again, use a good method of birth control. Most places that give pregnancy tests also have information about different types of birth control like the pill,

condom, IUD, injection, implants, diaphragm, foam, and fertility awareness. If your birth control method failed, consider changing to another method. Information on new methods and possibly more effective methods are also available.

If you feel that you are having trouble becoming pregnant, ask your health care provider for information about infertility services (testing, treatment, referral).



Public Health Seattle & King County Family Planning Program

Semen Analysis Instructions, Directions and Costs

What should I do before the test?

The first thing you should do is call the Urology Male Fertility Laboratory at the University of Washington Medical Center at 206-543-4671, to make an appointment with the laboratory. Abstain (do not have intercourse or masturbate) for at least two days before the test but for no more than five days, as this may change your results. Prolonged fever or hot tub use should be reported to the lab, as these may affect your sperm.

Where is the testing done?

For the best and most accurate results, you will be given a specimen cup when you arrive for your appointment at the laboratory, and the cup will be collected as soon as you have given a sample. Your wife or partner is welcome to accompany you to the laboratory's collecting room as long as the sample is only obtained by manual friction and the following guidelines are observed:

- DO NOT use a condom
- DO NOT use lubricants (including saliva)
- DO NOT collect specimen with the aid of a partner as vaginal fluid changes test results

If you cannot give a sample at the lab, you MUST follow these steps:

- Use a sterile urine specimen cup that has been approved by the lab for specimen collection.
- It is IMPERATIVE that the sample arrives at the lab no later than 30 minutes since you gave the sample.
- If you lost much of your sample, it may be necessary to reschedule your appointment.

What should I bring with me to the laboratory?

Bring the following information with you to your appointment:

- Hospital ID number (if University Hospital patient)
- Provider's name and address for results
- Number of days since abstinence
- Medications taken (if any) and number of days since your last fever or hot tub use

- Your billing address

When can I get my results?

Your provider will be mailed the results about two weeks after the exam. You will need to talk with her or him about your results.

How will I be billed?

Your bill will be sent to you by the Community Services of University of Washington Laboratory Medicine, not the hospital itself, and will be mailed to your billing address approximately three weeks after the exam.

***DIRECTIONS TO THE LABORATORY
AND COMMON TEST COSTS ARE ON THE BACK***

Direction to the University of Washington Medical Center

Male Fertility Laboratory
UW Department of Urology
1959 N.E. Pacific Avenue
Seattle, WA 98195

From I-5 heading North or South

Take the 45th/50th Street exit (#169)

Turn east on 45th Street

Drive approximately 8 blocks to 15th Ave., then take a right

Drive approximately 6 blocks to Pacific Ave.

Turn left. The hospital is Approx. 3 blocks down the road on your right (see below for parking)

Parking at University Hospital

Parking is available at the Triangle Parking Garage

After taking a left onto Pacific Ave. as mentioned above, stay in the left-hand lane of traffic.

At the next intersection, take the left turn (towards the stadium).

Just past the bus stop, turn right into the garage.

Using Public Transportation

Take either bus #43 or #48

Both of these drop you off in front of the hospital (on Pacific Ave.).

Directions to the Urology Laboratory

From in front of the hospital (on Pacific) go up the stairs west (right side) of the bus stop.

Follow the sidewalk under the red brick arch to the doors.

Go to the BB elevators just inside the doors. Go up to the 11th floor.

The room number is BB1120

The lab is the third door on the left.

Test Costs

General Andrology Analysis	2001
Semen Analysis (including Morphology)	\$95.00
Computerized Sperm Motility Enhancement.....	\$200.00
Cervical Mucous Penetration Test	\$45.00
Sperm Morphology.....	\$25.00
Sperm Live/Dead Stain	\$10.00
Sperm Antibody Test.....	\$125.00
Sperm Penetration Assay	\$300.00-\$465.00
Insemination Preparation of Sperm.....	\$75.00-\$85.00
Post-Vasectomy Check.....	\$20.00
 Sperm Freezing	
Cryopreservation of Semen plus 1 year of storage.....	\$155.00
Storage of Cryopreserved Sperm (annual)	\$125.00

Sleeping Advice

Over the past century, Americans have reduced their average nightly time for sleeping by more than 20%. Approximately 100 million individuals routinely fail to get enough sleep. Many Americans are severely sleep deprived and dangerously sleepy during the day. Insomnia tends to occur more frequently in women than in men and often worsens with age. With increasing age, women may report more difficulty falling asleep as well lighter sleep and with more frequent awakenings.

Sleep hygiene Sleep hygiene is a term used to describe recommendations to help individuals enhance their sleep environment and to facilitate sleepiness. These suggestions include:

- Avoid clock watching – put your alarm clock where you can hear the alarm but not see the clock. If you awaken at night, don't look at the clock.
- Don't "try" to sleep – the harder you try the more awake you'll become.
- Re-evaluate your work schedule. Avoid nightshift work if possible.
- <http://www.sleepnet.com> is a good resource.
- Control your sleep environment – design your bedroom for sleeping, regulate the room temperature to keep the room cool and make it a quiet and dark place.
- Establish a consistent sleep schedule – going to bed and getting up at the same time, regardless of nocturnal awakenings – even on weekends.
- Eliminate daytime naps – or at least limit them to no more than an hour.
- Reserve the bed for sleeping and sex – activities such as reading, eating, watching television, paying bills, etc., can be stimulating and lead to an association of wakefulness with the bedroom.
- Limit or give up foods or liquids that can interfere with sleep – as few as two cups of coffee per day can be stimulating, and can make it difficult to fall asleep. Large quantities of liquids ingested at bedtime can increase nocturnal urine output and cause awakening.
- Avoid or limit alcohol – while alcohol may initially be relaxing, it can result in fragmented sleep. Elderly patients are particularly sensitive to the effects of alcohol wakefulness a few hours later and it can result in an increase in snoring and, in some cases, sleep apnea.
- Exercise regularly – Done at the right time, exercise can relieve tension. Exercising too late in the day can over-stimulate the body, raise the body temperature and make it difficult to fall asleep.
- Establish a relaxing before-bed ritual – winding down with relaxing activities such as reading, taking a warm bath, or listening to music can create a transition for mind and body; such activities serve to transfer the individual from the stimulations of the day into a state of sleep readiness.



TESTICULAR SELF-EXAMINATION

Testicular cancer is the most common type of cancer in men ages 20 to 35. Yet, because it accounts for only about 1 percent of all cancers in men, many people have never heard of this type of cancer.

Testicular cancer is of special concern to young men. It can occur anytime after age 15. It is less common in middle-aged and older men. White men are four times more likely to develop testicular cancer than black men. The rate among Hispanic men is between that of blacks and whites.

Two groups of men have a greater risk of developing testicular cancer - those whose testicles have not descended into the scrotum and those whose testicles descended after age 6. Testicular cancer is 3 to 17 times more likely to develop in these men.

Testicles are male reproductive organs. They produce and store sperm. They also produce testosterone, a hormone that causes such male traits as facial hair and lower voice pitch. Testicles are, oval-shaped, and somewhat firm to the touch. They are below the penis in a sac of skin called the scrotum. The testicles normally descend into the scrotum before birth. Parents should have their infant sons examined by a provider to be sure that the testicles have properly descended. If they have not, this can be easily corrected with surgery.

Years ago, testicular cancer was often fatal because it spread quickly to vital organs such as the lungs. Today, due to advances in treatment, testicular cancer is one of the most curable cancers, especially if detected and treated promptly.

SYMPTOMS

The most common symptom of testicular cancer is a small, painless lump in a testicle or a slightly enlarged testicle. It is important for men to become familiar with the size and feeling of their normal testicles, so that they can detect changes if they occur.

Other possible symptoms include a feeling of heaviness in the scrotum, a dull ache in the lower stomach or groin, a change in the way a testicle feels, or a sudden accumulation of blood or fluid in the scrotum. These symptoms can also be caused by infections or other conditions that are not cancer. A provider can tell you if you have cancer and what the proper treatment should be.

HOW TO DO TESTICULAR SELF-EXAMINATION

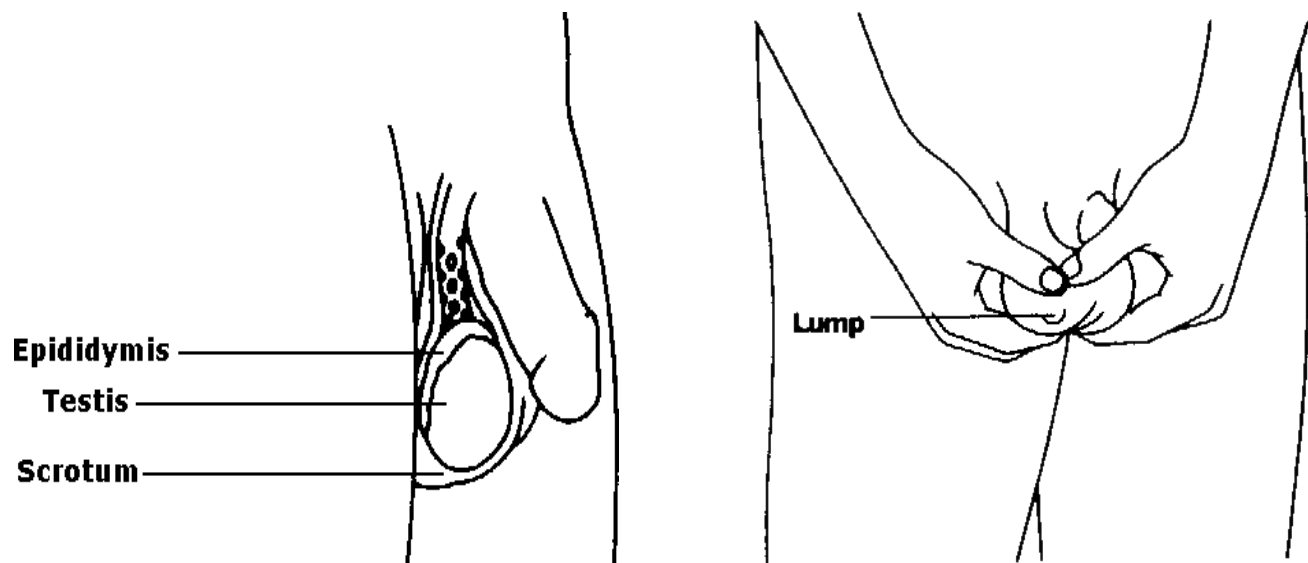
A simple procedure called testicular self-exam (TSE) can increase the chances of finding a tumor early.

Men should perform TSE once a month – after a warm bath or shower. The heat causes the scrotal skin to relax, making it easier to find anything unusual. TSE is simple and only takes a few minutes:

- Examine each testicle gently with both hands. The index and middle fingers should be placed underneath the testicle while the thumbs are placed on the top. Roll the testicle gently between the thumbs and fingers. One testicle may be larger than the other. This is normal.
- The epididymis is a cord-like structure on the top and back of the testicle that stores and transports the sperm. Do not confuse the epididymis with an abnormal lump.
- Feel for any abnormal lumps – about the size of a pea – on the front or the side of the testicle. These lumps are usually painless.

If you do find a lump, you should contact your provider right away. The lump may be due to an infection, and your provider can decide the proper treatment. If the lump is not an infection, it is likely to be cancer. Remember that testicular cancer is highly curable, especially when detected and treated early. Testicular cancer almost always occurs in only one testicle, and the other testicle is all that is needed for full sexual function.

Routine testicular self-exams are important, but they cannot substitute for a doctor's examination. Your provider should examine your testicles when you have a physical exam. You also can ask your provider to check the way you do TSE.



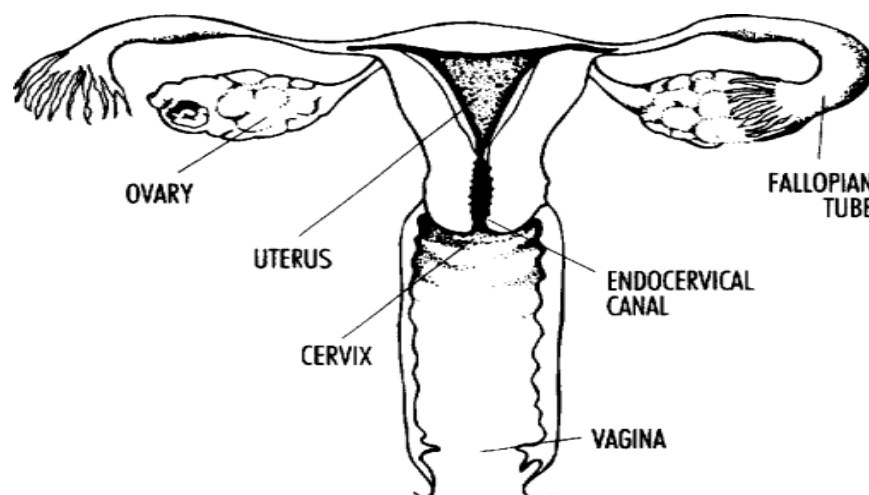
TREATING CERVICAL DYSPLASIA WITH CRYOTHERAPY

What Is It?

Cryocautery is freezing abnormal precancerous (dysplastic) cells on the surface of the cervix. This freezes the unhealthy cells and makes them peel off so new healthy cells grow in their place. Cryocautery cures the problem in 80% to 90% of all women with abnormal cells on their cervix. Some women may need to have further treatment like LEEP (Loop Electrical Excision Procedure) or a knife cone biopsy done at a hospital.

If the abnormal cells are not treated women could develop cancer of the cervix. Frequent Pap tests should be done after the freezing to make sure the abnormal cells are gone and do not return.

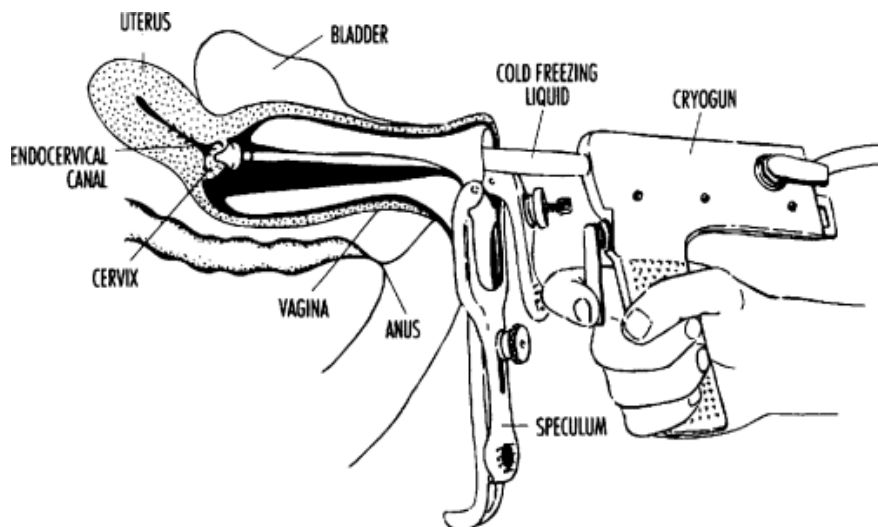
Figure 1 – The Female Reproductive System



What to Expect

It is important you are not pregnant at the time of the procedure and do not have it done if you think you are pregnant. First you lie on the examination table just like a regular pelvic examination. The provider puts a speculum inside your vagina to gently hold it open. Then an instrument with very cold liquid inside is put on your cervix (see Figure 2). It usually feels very cold. Some women have mild cramps. Deep, slow breathing helps you relax. The procedure takes about 10 minutes. Women have different amounts of feeling on their cervix and can handle different amount of pain. Some women do not need any pain medicine, but some do. You can take two or three ibuprofen tablets just before your appointment.

Figure 2 – Cryotherapy



After the Procedure

After the procedure, you rest for a short time in the clinic. Some women feel dizzy if they get up too soon. When you go home, you may have a lot of watery discharge for about two weeks. The freezing burns the cervix and this makes a blister which is the source of the discharge. Sometimes there is a little bleeding and the discharge may have an unpleasant odor. This is normal.

DO NOT have vaginal intercourse, wear tampons, douche, or put anything in your vagina for at least two weeks or until the discharge is gone. Wear a sanitary pad to absorb the flow.

What to Watch for – Risks

If you have a fever, chills, pain in your lower abdomen (belly), heavy vaginal bleeding (like an abnormal period), foul discharge or other problems, call the clinic. If the clinic is closed, call the emergency room.

Follow-Up

Since cryocautery does not always cure the problem, it is very important that you come back for repeat pap tests, especially by six months. You will then need pap tests every six months for two years. If any of these tests is abnormal you may need additional treatment to prevent cancer.

Reason for cryosurgery (biopsy results): _____

Date of cryosurgery: _____

Your next pap test should be done: _____

You should then have yearly pap tests for the rest of your life. If you go to another clinic for these tests, take this information sheet with you and share it with your health care provider.

Trichomonas

What Is It?

Trichomonas is a small organism (protozoan) that can cause an infection of the vagina or male urethra (the passage for urine through the penis). Symptoms usually start about 7 days after having sex with an infected person. Both men and women can have trichomonas, but it is only diagnosed in women. It usually does not affect the uterus or fallopian tubes.

Symptoms

Women may often have a discharge from the vagina, which may smell fishy or different. They may also have burning, itching, or soreness around the vagina. Some women have no symptoms. Men usually have no symptoms. If they do, it is usually a slight discharge from the penis or mild pain when passing urine.

Diagnosis & Treatment

Your health care provider usually can tell if you have a trichomonas infection by examining a sample of the discharge from your vagina under a microscope. If you have a trichomonas infection you will be given a medicine called metronidazole (Flagyl) to take at the clinic. Do not drink any alcoholic beverages for 24 hours before or after taking the medicine because the mixture of alcohol and metronidazole may make you sick.

Talking With Your Partner

Be sure anyone you had sex with in the past month is examined and treated.

Some people feel embarrassed, scared or angry when they or their partner has a sexually transmitted disease (STD). This is common and is O.K. Do not let these feelings stop you from getting medical help or telling your partner. Remember anyone who is sexually active can get an infection. Talk with your partner as soon as possible. If left untreated an infection could get worse and can be spread to anyone who you or your partner has sex with. Tell your partner or past sexual contacts to see their health care provider because they need to be treated.

Follow-Up

Do not have sex until you and your partner have been treated. If you continue to have symptoms after the treatment is finished, call your health care provider.

Prevention

The only sure way to avoid getting trichomonas or other infections is to not have sex. If you decide to have sex, you can reduce your risk.

- Have sex with one person who has sex only with you.
- Use a male condom (rubber) or a female condom when you have sex.
- Look at your partner's genitals before you have sex. If you see any sores, rashes, or discharge, talk to your partner. Do not have sex until he/she has been examined and treated.
- Alcohol and drugs decrease your ability to make clear decisions about your sexual behavior.



The Contraceptive Vaginal Ring

What exactly is the Ring?

The Ring (NuvaRing) is a flexible, 2-inch diameter and 1/8-inch in thickness plastic ring that goes into your vagina. The Ring releases a progestin (etonogestrel) and an estrogen like the birth control pill. The Ring is left in the vagina for 21 days and then removed and disposed of, you then have a ring free week to have a period.

How effective is the Ring?

The Ring is as effective as the Pill. The Ring prevents the release of an egg and makes it hard for sperm to enter the uterus. When you wear your Ring 24 hours a day then the Ring gives you over 99% protection against pregnancy. Start the Ring on day 5 of your period because sometimes changing a tampon can accidentally pull out the Ring. The Ring still works with a tampon. You will not be protected from pregnancy until the Ring has been in place for 7 days that first month.

If the Ring is monthly, do I have to put it in on exactly the same day?

Yes, this is the best habit. But if you are 1 week late you are still protected as long as you put the new Ring in right away and wear the new Ring for a full 7 days. Never go more than 7 days without putting a Ring in your vagina. Putting a sticker on the calendar can help you remember when the 21 days are up. To help remember the day, some women may decide to put the new Ring in on day 1 of every month, remove it on day 25 of every month for a period time, and then place a new Ring on the 1st of the month.

How is the Ring used?

Place the Ring in the vagina. As long as it is in the vagina it is in the right place. If you can feel it, then it has slipped down and just push back in with a finger. Wear the Ring for 21 days and then remove it. Place the used Ring in to the foil packet it came in, seal it up, and then throw in the trash and not into the water system or toilet. Put a new Ring in after a Ring free week of no more than 7 days. Put the new Ring in even if you are still having your period bleeding.

What happens if the Ring falls out or I want to take it out?

The Ring must be in your vagina for it to work and if it has been out for more than 3 hours then use a backup method of contraception like condoms for 7 days. You can gently wash the Ring with soap and warm water but never freezing, boiling, or hot water as these extreme temperatures could ruin the ring.

Who should not use the Ring?

Women who think they may be pregnant, or women with blood clots, chest pains, certain cancers, unexplained vaginal bleeding, or a history of liver disease, stroke, or heart attacks should not use the Ring. If a woman wants to skip her periods then the Ring can be worn all month with a new Ring placed every month with no Ring free week. Skipping periods is not FDA approved and has not been studied with the Ring but it is likely it would work although irregular bleeding might happen at first. Just like all hormonal contraceptives, the Ring does not protect against HIV/AIDS and other sexually transmitted diseases. Only abstinence, the female condom, or the male condom can help protect you.

What about side effects?

During the first few months of using the Ring, most women will have a change in their periods, which may include no bleeding, irregular bleeding, or spotting. Sometimes women can have more vaginal wetness while wearing the Ring. Women may also have breast tenderness or nausea with the Ring, but usually this get better after 3 months. It is important to call or see your clinic before stopping the Ring; they might be able to help make your problem better.

What about when I want to get pregnant?

Upon stopping the Ring, most women start ovulating (making an egg or having regular periods) soon after stopping the Ring. Some women start ovulating with the very next cycle before even having a period, so you need to be prepared immediately for the possibility of pregnancy.

Yeast Infection

What Is It?

Yeast is a fungus that is commonly present in the vagina in small quantities. This is not the same kind of yeast used in cooking. Yeast causes problems only when the number of organisms increase above normal amounts. This can happen when a woman takes antibiotics, gets pregnant, or has diabetes. Using perfume or too much soap on the genital area or excessive moisture from nylons, bathing suit, or tight clothing can all also increase the chance of yeast infection. The infection does not affect the uterus and fallopian tubes or hurt your ability to become pregnant. Yeast is usually not passed by sex.

Symptoms

Women may have itching, redness, and irritation around the vagina and vulva, and sometimes a thick curd-like white discharge. Men occasionally may have a rash or irritation on the penis when their partner has yeast in the vagina.

Diagnosis & Treatment

Your health care provider can tell if you have a yeast infection by doing a genital exam and looking at a sample under a microscope. Getting an exam to find out what is wrong is very important because other infections like herpes can have the same symptoms as a yeast infection. You may need other tests to make sure the symptoms are from yeast and not something else.

If you have a yeast infection, you will be given a medicine to put in your vagina and on the rash. You can also buy these medicated creams from the grocery store or pharmacy. Clotrimazole, miconazole, and butaconazole can all kill or reduce the number of yeast organisms. Use the medicine at bedtime after lying down if you use the inserter for your vagina or you can just apply the cream to where it feels sore. Be sure to use the medicine until it is either all gone or the symptoms are gone. If the medication causes severe burning or discomfort or do not get better after 3 to 5 days, call the clinic. Sometimes a pill called fluconazole or diflucan is given that is taken orally to treat a yeast infection. You may wish to stop having sexual intercourse, for your own comfort, until the symptoms have gone away.

Follow-up

If you still have symptoms after finishing the treatment, call the clinic. You may need another exam to make sure you have yeast and not a different problem. If you have diabetes in your family and you have a lot of problems with yeast infections, you should have a test for diabetes.

Prevention

To help prevent new yeast infections, wear loose clothing and cotton underwear to stay dry, do not sleep in your underwear, and avoid too much soap or chemicals on your vulva.